Lettsomian Lectures

ON THE

NATURE AND TREATMENT OF ECZEMA;

AND, INCIDENTALLY, THE INFLUENCE OF CONSTITUTIONAL CONDITIONS IN SKIN DISEASES.

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LECTURE II.—Part II.

I have thus far, then, concluded that eczema is not dependent upon the existence of a crasis or diathesis in the general sense of those terms, but upon an impressionable condition of the nervous system in which the control of the latter over the nutrition of the skin is somewhat altered; that external irritants acting locally or generally, that internal agencies, such as the circulation of waste and effete products, may excite eruptive phenomena, and that the changes in the cell elements may be modified to some extent by any special nutritive peculiarities of the individual. Theoretically, where external exciting causes are at work, and the eczematous tendency is not marked, the eruption will be localised; but it may be symmetrical, where the exciting cause operates on symmetrical parts, as in the case of eczema of the hands in bakers and washerwomen, or when it acts generally on the surface, as in the case of cold. Where, on the other hand, the immediate excitant of eczema is an internal affair, there is the eczema more or less general, and it is in these cases that we meet with the inflammatory and impetiginous forms.

The history of infantile eczema may seem at first sight to stand in antagonism to these propositions; but, on careful analysis, it will be found entirely to confirm their truth. Let us call to mind the concomitants of infantile eczema. The tissues of the skin in the young, in the first place, are rapidly and readily irritated; slight friction, cold, or heat induce mischief which is unaccountable save on the supposition that there is a great tendency to inflammatory changes involving disturbance of the circulation and cell-life of the tissues, incidental to infancy. A bronchitis is as readily evoked as an eczema. So that the skin is not peculiarly sensitive; and if it is possible to excite easily extensive changes in a mucous surface without the presence of any diathesis, it seems indeed strange that we should suppose that analogous results may not follow in the case of the skin under similar circumstances. Then, secondly, infantile eczema is observed in lymphatic and often markedly strumous temperaments; in the ill-fed; in the hereditarily eczematous; in the uncleanly and those who are otherwise badly hygiened; in the children of weak parents; in those who exhibit malassimilation, evidenced too plainly in the pale stools, the dyspepsia, the passage of food in a more or less undigested state, and the imperfect absorption of all fatty matter; after exposure to cold; in connexion with debility consequent upon the occurrence of acute febrile disease; after the disturbance of the system produced by vaccination; in connexion with teething; and so on. Now, here is a catalogue of concomitants that lead to the *perverted innervation* to which Hebra refers. What room is left for the operation of a special diathetic condition? What need is there to suppose its existence? I see none whatever, if we recollect the peculiar excitability of the tissues of the very young, and the modifying influence of the strumous diathesis; the more complete interdependence of different parts and functions of the body in the young (involving the greater liability to extension of disease by reflex action and through continuity of tissue, than in the adult, and still more in the aged, and therefore the more powerful action, *ceteris paribus*, of even local excitants. It may be said that, if the disposition to eczema be general, we really have a peculiar diathesis. If so, I reply at once that by an eruption due to a diathetic condition I understand an eruption consequent upon the altered nutrition of the part affected, in its turn a result of, or a response to, a change in the nutritive fluid flowing within the bloodvessels, by which a different pabulum from that which is found in a condition of health is provided. We have no evidence of this if we take away all that belongs to the strumous habit. In eczema the nervous control over the nutrition of the part affected is the essential disorder. In explaining diathesis we go to the blood; in the case of eczema we refer to the innervation primarily. I think we are apt to judge of the existence of a special diathesis in infantile eczema because the strumous diathesis is in operation in the case; but it is as a modifying agency. We fail to observe those facts which go to prove that eczema may originate in the skin and yet be modified by general conditions. The occurrence of an eczema without there being a diathesis, in the ordinary sense of that word, is not more difficult to comprehend than is that of an extensive bronchitis or muco-enteritis.

One word as to "syphilitic" eczema in infants. There are certain instances of pretty general and obstinate eczema in young children, in which there is not much discharge, not much crusting, but swelling, more or less induration and scaliness, sometimes dark scabs, accompanied by a dirty or actually pigmented state of skin, and often what looks like a pityriasis, with slight puckering about the corners of the mouth. Now and then there are patches of eczema nummulare about the belly, and coincident intestinal irritation, but apparently nothing else. These cases do not improve under the usual treatment for infantile eczema. They get well under anti-syphilitic treatment—at least, the use of mercurials. There is often a history of syphilis to be found in the parents. The cases referred to do not arise out of a regular attack of congenital syphilis. Now, the fact that the bichloride of mercury cures them is not positive proof of their syphilitic nature, for it may be that, as in chronic eczema with induration, the remedy controls and alters the tissue changes. I look upon these as instances, not of syphilitic eczema, but of eczema occurring in and modified by the syphilitic diathesis.

It may be well to make particular reference to the influence of teething in eczema. I find Hebra saying that "great abuse is made of the teething of children, as of their temperaments; and just as every cough, colic, fever, diarrhœa, cramp, or fit in an infant is put down to teething, so eczema is ascribed to the same cause when it occurs at this period. And although," he continues, "I by no means ignore the influence which this physiological process is capable of exerting upon the whole of the organs and functions of an infant, yet I cannot admit it to be a cause of eczema." If Hebra means the absolute cause, I agree with every word so far; but I disagree in discarding teething as an exciting cause of eczema, and am sure that I shall be supported, not by traditional opinion only, but by the strong conviction, founded on personal and close observation, of men of the best clinical experience of our own time and country. Hebra's reason that teething is not a cause (exciting cause he must really mean, I take it) of eczema—viz., because any conscientious observer may convince himself that this malady may occur just as much before as during the period of dentition, and offer the same symptoms, the same intensity, and the same extent, without being in the least affected by the completion or delay of the eruption of the teeth—is not worth much. What he says is quite true, but it falls short of proving that teething *never* excites or influences eczema. Connected as the process of dentition is with febrile and gastric disturbance, with irritation of the nervous system, and, by reflex action, capable of influencing almost any part of the body, I cannot see how it can be otherwise that now and again the skin should be disturbed by it. The coincidence of irregular dentition with infantile eczema, the rectification of derangements of the former with subsidence of the latter, and suchlike relationships, seem to show that if teething be not the real cause, yet it may be the excitant of eczema.

So far I have said nothing of hereditary influence in the genesis of eczema. This is perhaps the most opportune moment to refer to it. Is eczema ever hereditary? It is quite certain that eczematous subjects do not necessarily transmit the disease, however marked it may be in their case. Further, having regard to the great frequency of eczema, it is certainly comparatively uncommon to meet with cases in which that disease seems to be hereditarily

transmitted. On the other hand, there are occasions when the prevailing nutritive tendency in several or all the members of a family is to the development of eczema, and at an early age too, this tendency being apparently best accounted for by the supposition of an hereditary bias. Hebra remarks that the fact that in a few cases whole families may be found affected must be viewed as exceptional when contrasted with the general results of experience. This is true enough, but I do not agree that it can only prove at the utmost that eczema in parents does not exclude its occurrence in their children. Of course it is in infantile eczema that we have been wont specially to recognise hereditary influence; but the conditions that concur to alter the nutrition of the skin, which I referred to a little while since, if given their due potency, seem to leave scant room for the supposition of any hereditary transmission in the majority of cases, equally with that of a peculiar blood-state. But, on the whole, I do not think that, as far as clinical observation goes at present, we can refuse, especially in cases where two or three or more members of a family are affected by eczema, and there is a history of the same disease in the parents, to allow that father or mother has really handed down the affection to son or daughter. I take it as unnecessary to appeal to the details of my note-book in illustration of this matter. What seems to me of importance to state is this—that, in order that eczema may be hereditarily transmitted to offspring, it is not at all needful to allow the existence of an eczematous diathesis in the ordinary sense of that term. If peculiarities of local form and aspect can be handed down, why may not dispositions to abnormal nutrition, localised in one organ or tissue of the parent, be repeated in the child? If heart disease runs in a family, why may not skin diseases do likewise? If xeroderma, and its more advanced stage, ichthyosis, which are certainly not blood diseases, be hereditary—and they unquestionably are so,—why may not eczema behave in a similar manner without its being a blood disease? Admitting, therefore, the occasional hereditary transmission of eczema, I find in that event no ground for supposing that there is a special eczematous crasis or diathesis.

I have now analysed the disease under consideration in its supposed dependence upon constitutional conditions. Now I turn to notice the relation which subsists between eczema and other coincident local diseases, often affecting important internal organs. Bronchitis of a subacute kind is not an unusual coincidence, as in the case of many other diseases, but it sometimes has some special relation to the eczema. I have under my care at University College Hospital, at the time I write, a couple of interesting instances of the kind in two children, three and four years old, the subjects of general and chronic eczema, modified by the strumous diathesis, and which eczema has existed off and on since the age of a few months. Exposure to cold is almost sure to bring out the eruption afresh in the skin if the children are not in what is regarded by the parents as "good health." Not many days since I missed one of these patients, and found that the child had caught cold and become attacked by bronchitis, there being a large amount of expectoration. The skin during the attack, the mother remarked, got nearly well as regards the discharge and crusting, and this has been the case on several occasions. The brothers are very liable when young, the mother remarks, to bronchitis and eruptions also.

I might refer in detailed notes to the case of an affection of another mucous surface in connexion with the occurrence of eczema—viz., that of the intestinal tract. We have no need to imagine a dyscrasia in such cases upon which the bronchitis, the muco-enteritis, and the eczema are dependent, but only perverted innervation in mucous membrane and skin, which leaves these parts open to the influence of disturbing agencies, all the more certain to induce disease because of the bad feeding, the hereditary tendency to eczema it may be, the malassimilation or the like existing in any particular case: the eczema being modified by constitutional conditions. This is not the point, however, to be particularly noticed here, but the vicarious relation between the affection of the skin and mucous surface—a relation which has led to the use by some writers of the term "substitutive" as applied to eczema. There is no difficulty in understanding that, when active disease is going on in the mucous membrane, the skin will be quiescent, and *vice versâ*. One would be inclined to recognise in these instances the necessity for a specially tonic plan of treatment, and to question the value of arsenic or any other agent that can in any way irritate the mucous surfaces. Save the fact that there seems in these cases a general disposition to irritability of the tissues—and there is much analogy between eczema and catarrh of the mucous surface,—there does not seem to be much more of clinical interest in these cases, so far as the question of etiology is concerned. Authors have described the occurrence of bronchial asthma in connexion with eczema, but the remarks just made touching subacute bronchitis may be held to apply generally to asthma, which is dependent upon the changes occurring in the air-passages during the persistence of the bronchitis itself. Another affection of a mucous membrane—viz., leucorrhœa—seems to bear occasionally the same relation to eczema as does bronchitis or intestinal catarrh—that is to say, it is "substitutive"; and I think I have seen something of the same kind in connexion with the urinary passages. Now, in none of these cases is there any such thing, I take it, as metastasis in the strict sense of that term. The disappearance of an eczema from the skin, in connexion with the development of a bronchitis, is a consequence, and not a cause, of the latter, which is evoked by its own special excitant, cold or what not. We find, of course, the affection of the mucous surface frequently absent in the severest cases of eczema, and *vice versâ*; but the occasional substitution of the one for the other, and the peculiar nature of the coincidence referred to, do certainly convey to my mind—that is, taking the whole histories of these cases into consideration—the impression of the close analogy which subsists between "catarrhal" inflammation of the mucous membranes, in which the free secretion is the marked feature, and eczema; and it is open to proof that the two originate under similar conditions, and admit of the same essential treatment. Dyspepsia is a common companion, too, of eczema, and it may be in some sense substitutive, but not markedly or frequently so. It leads, when present, to debility, of course, and to imperfect excretion necessarily,—two conditions eminently favourable to the occurrence of eczema. I have no explanation to offer of the influence of uterine disorders upon eczema.

The influence of renal disease on eczema has been referred to. Anything which in those disposed to eczema throws additional work upon the skin may help it out, all the more certainly if the renal excretion of nitrogenous matters is diminished, and these, together with watery fluid, are accumulating in the system.

It has fallen to my lot to see several cases of eczema in connexion with heart-disease leading to dropsy, and, I think, helped out by the general derangement induced by the altered circulation. Such cases are greatly relieved by treating judiciously the cardiac mischief.

It is necessary to say one word in regard to the part played by mental emotion in leading to attacks of eczema. Hebra says that the connexion as cause and effect between disorders of the mind and mental emotions and eczema, which appears as an axiom in every book on the subject, is a mere fancy thrown out at random. I agree with him so far as to mental disturbances being true causes of eczema; but I think, in virtue of their depressing effect, when that is exercised upon the body generally, that they must leave individuals more open to the attack of disease than if they were not in operation, and they may play an analogous part to that of the last straw which breaks the camel's back.

Well, Sir, the clock warns me to draw my remarks to a conclusion. I will, therefore, try to gather up into a general statement the main propositions which have been submitted to your consideration. It has been the rule to regard eczema as an inflammatory disease, and the expression of a diathesis, styled by the French the "dartrous diathesis"—a convenient term, as McCall Anderson says, to cloak our ignorance of its nature. The word "debility" has been used to characterise the constitutional condition upon which eczema is thought to depend. What is really meant is that the local changes in eczema are due to an altered state of the nutritive fluids of the body, and primarily of the blood. Now, I recognise the fact that eczema may be modified by diathesis, but that it is not essentially the result of any special alteration of the blood-current. We must look more particularly for the origin of eczema to the skin itself. Here we note that alteration of the

blood, followed by hyperæmia, is quite incapable of explaning the phenomena of the disease, and that changes originating in the cells of the derma and rete mucosum have most to do therewith. Modern research seems to point to an altered relation between the nerve-force and the cell-life as the starting point or the reason why eczema occurs; for nerve irritation certainly can give rise to cell proliferation, and it seems clear that nerve filaments run to, and lose themselves in, the rete where the changes in eczema are the most marked. Well, given "perverted innervation," as Hebra terms it, we can readily see how agencies, acting both externally and internally, can excite, evoke, or—not *per se*—cause eczema; how eczema can be modified by altered blood-states or constitutional tendencies, such as gout or struma; but, further, we do not explain the hereditary transmission of eczema by regarding it as a blood disease. The influence of organic or functional diseases of important organs is a matter requiring to be more distinctly appreciated, in so far as they throw more work upon the skin, lead to debility, or the impurification of the blood-current. The mucous and cutaneous membranes exhibit, it would appear, a remarkable similarity in regard to the essential pathological changes that take place in catarrh, on the one hand, and eczema on the other; so much so as to lead one to suppose—allowing for difference of texture and accidental surroundings, such as heat, moisture, and exposure to the external air—that the two above mentioned are analogous affections. This is the more probable on a consideration of their now and then decidedly "substitutive" correlation. Speaking in broad terms, we should say, moreover, that the cause of eczema is multiple; it is perverted innervation as a *sine qua non*, but plus—not as causes, but part causes or excitants in variety of combinations and varying frequency of coexistence—general debility, morbid blood-states, strumous diathesis, local irritation of the most diverse kinds, disease of important viscera, mental depression, and so on. I repeat that the dermatologist must comprehend the nature of diseases in general ere he can treat skin diseases successfully.

Finally, I would remind you that the foregoing remarks refer to what is essentially eczema in its three varieties, each with its stages of erythema, papulation, vesiculation, pustulation, discharge, and squamation. There are certain secondary and accidental changes that we must not lose sight of—changes that are common to every form of chronic inflammation—namely, induration, atrophy, ulceration, and the like. Varieties have been made according to the varying aspect of these accidental and secondary changes; hence the terms Eczema œdematosum, verrucosum, sclerosum, &c. But surely in such cases the eczema has practically given place to what surgeons term "chronic inflammation," which reaches its highest development in the so-called "elephantiasis of the leg," or, more properly, spargosis. I said in my first lecture that dermatologists often take mere accidental features as sufficient to form varieties, and altogether fail to be guided by the only correct principle—namely, the formation of varieties only by a consideration of the whole course of diseases, and the more prominent and special features presented by them at their height of development.

This outline of the pathology and etiology of eczema seems to me to give the clue to a satisfactory plan of treatment for the disease; and no one can accuse me, I trust, in my dealing with the question, of being the mere specialist.

SUDDEN DEATH IN OVARIOTOMY WHILST THE PATIENT WAS UNDER THE INFLUENCE OF CHLOROFORM.

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A FEW weeks ago Dr. Brotherstone, of Alloa, sent into Edinburgh a patient who was the subject of an ovarian tumour. She brought a note from him asking if I thought the case a fit one for ovariotomy. I wrote back that it seemed to me to be so. The patient was married, about twenty-two years of age, thin and emaciated, and I thought the tumour, which was as large as the pregnant uterus at the sixth or seventh month, felt more solid than multilocular ovarian tumours of this size usually do, yet it seemed free from adhesions.

Dr. Brotherstone took the patient into the small Village Hospital at Alloa, and urgently requested me to be present when he operated. Accordingly, on the morning of the 5th of February I went up to him. Drs. Duncanson and Wilson, of Alloa, were also to be present; but Dr. Duncanson did not arrive till after the patient was laid upon the table, and the operation begun. With the view of allowing Dr. Wilson to give full assistance to Dr. Brotherstone at the operation, I chloroformed the patient. In doing so I placed a single layer of towel over the nose and mouth, leaving the eyes exposed, and dropped the chloroform upon the towel. When Dr. Brotherstone made his first cutaneous incision, the patient moved so much that he stopped for a brief time till I put the patient more deeply under the effects of the chloroform. The tumour was rapidly reached, and was then attempted to be diminished in size by tapping; but only a comparatively small quantity of fluid escaped. Dr. Brotherstone then extended the opening upwards for an inch or more above the umbilicus, and was introducing and using his hand with the view of turning out the ovarian mass, when the patient vomited suddenly and profusely. Immediately the eyes opened, the pupils were preternaturally dilated, the face looked pallid, and the respiration, which had never been affected by the chloroform so as to have the least noise or stertor in it, seemed arrested. Instantly artificial respiration was set on foot, and the tongue pulled forward. Deep spontaneous respiration then occurred several times in succession, and I deemed at the moment that the patient was hence out of danger; but a second collapse occurred, which terminated in death, all means of resuscitation proving unavailing.

On a post-mortem examination of the body, ordered by the legal authorities, no diseased conditions could be found in the head, chest, or elsewhere. The ovarian tumour was free from any peritoneal adhesions. On examining its structure, Dr. Pettigrew, the esteemed pathologist of the Royal Infirmary of Edinburgh, found it to be cancerous in its character.

REMARKS.

Cases of Sudden Death during Surgical Operations without Anæsthetics.

In the first paper which I published on Chloroform in the *Edinburgh Monthly Journal of Medical Science* for December, 1847, I stated that this drug, if given in too great or too long-continued doses, "would doubtless produce serious consequences, and even death"; and at the same time I expressed the hope that "its great potency would be one great safeguard against its abuse." Since that period I have exhibited it myself, or been present when it was exhibited, in several thousands of instances; but have not seen its employment terminate in death before the occurrence of the preceding unhappy case.

According to all the experimental and clinical observations which have been made, chloroform appears capable of destroying life in two ways—namely, (1) by asphyxia, and (2) by syncope. Death by asphyxia can generally, if not always, be averted by at once arresting the inhalation of the drug whenever the breathing becomes noisy or stertorous,—states which, as already mentioned, never occurred with the preceding patient. Death by syncope, or sudden stoppage of the action of the heart, is, doubtlessly, far less under control, and has apparently formed the principal cause of the fatal issues in almost all the cases in which patients have perished when under the use of chloroform. Perhaps fewer cases of syncope actually occur under operations since the introduction of anæsthetics, because the nervous and sensory systems of the patients are so far obtunded by their employment; but a patient is, I believe, in greater jeopardy, if syncope do once occur, when he is under the influence of chloroform than when he is not under it, because the irritability and action of the heart are diminished by the free use of it, as shown by the lowering and slowing of the pulse. Yet, when syncope does occur in chloroformed persons, artificial respiration and its accompaniments usually are sufficient to rally and restore the patient. When the preceding case was described by me at a late meeting of the Edinburgh Obstetrical Society, Dr. Gordon and Dr. Angus Macdonald each mentioned an in-

stance in which sudden fainting occurred, with pallor of the face, open eyes, and very dilated pupils, at the first commencement of the incisions in two slight operations, the one for the removal of a small tumour, the other for the incision of a carbuncle; and in neither case had the patient taken any unusual dose of chloroform. They both recovered under artificial respiration.

But are all such cases of syncope which take place during operations, and which end or do not end in death, the result of the action of the chloroform which happens to be used at the time? The question is one which has never, perhaps, sufficiently attracted the attention of the profession. For doubtless it is true that antecedently to the introduction of anæsthetics patients sometimes died from syncope upon the operating table, both immediately before and after the operation was commenced, and under conditions and circumstances which in modern times, when anæsthetics are almost universally employed in operations, would be not unnaturally described and regarded as deaths from chloroform. Formerly such sudden deaths under surgical operations do not seem to have been looked upon as matters of moment, because, in fact, no special pathological or practical interest was attached to their occurrence. They were simply regarded as inevitable accidents, and are usually only incidentally alluded to, when alluded to at all, by surgical authors, provided they illustrate some special observation or opinion on the part of the writer. Thus, as showing how "violence alone, without the loss of blood, may often produce immediate fatal effects," John Hunter makes the following observation:—

CASE 1.—"I have seen," writes Mr. Hunter, "a man thrown into such convulsions from the operation of the hydrocele being performed upon him that I began to despair of his recovery. I have known," he adds, "a man die immediately of castration." (See his Works, vol. iii., p. 431.)

In the first volume of his work on Constitutional Irritation, Mr. Travers cites several cases of sudden death in surgical patients to illustrate different pathological principles to which he points. For example, he gives the following:—

CASE 2.—A robust middle-aged man, the subject of a moderate-sized aneurism in the femoral artery, was received into the London Hospital, and readily assented to the usual operation for that disease. On entering the theatre, however, he fainted, and had some wine-and-water given to him. The operation was then proceeded with. The artery was exposed, and the ligature applied, but not tightened. During the operation it was observed that no pulsation could be felt in the tumour; and on examining the patient more minutely it was found that he was quite dead. On dissection, both sides of the heart were found empty, and the lungs turgid with blood. No other particular appearance was observable.

CASE 3.—"I saw," again writes Mr. Travers, "a man who was the subject of strangulated hernia. He expired suddenly on the table during the steps preliminary to the operation, which, from the state of the symptoms, and of the bowel as ascertained by examination after death, might be said to afford the fairest prospect of relief."

CASE 4.—A man who had been bitten in the finger by a cat, and in whom symptoms resembling those of hydrophobia had been present for twelve hours, submitted to the excision of the bitten part, and died in three minutes.

CASE 5.—A brewer's servant, a man of middle age, and robust frame, suffered much agony for several days from a thecal abscess occasioned by a splinter of wood penetrating beneath the nail of the thumb. A few seconds after the matter was discharged by a deep incision, he raised himself by a convulsive effort from his bed, and instantly expired. (See Travers on "Constitutional Irritation," vol. i., p. 35.)

These several cases are, as I have said, stated by Mr. Travers, each to illustrate some special pathological principle, but they do not necessarily include all the cases of sudden death upon the operating table which he may have seen or heard of, and which were not calculated in his opinion to point to any special surgical fact. In former years, in talking with surgeons who had seen many operations, before the time of anæsthetics, I heard of various instances in which patients had been removed dead from the operating table; and on one occasion, when conversing with two provincial surgeons on the subject, each after a time recalled to memory two cases, or four in all, in which they had seen surgical patients suddenly die under the surgeon's knife, years before the employment of inhaled anæsthetics. It is, perhaps, impossible now to collect adequate data to fix the probable frequency with which such accidents formerly happened. We may, probably, fairly infer, however, that they were not very rare, for, when attending specially to this question in the first years of anæsthesia in surgery, the following cases occurred in Edinburgh and its neighbourhood.

CASE 6.—Shortly before the introduction of anæsthetics in surgical practice in 1846, my late friend Dr. John Argyll Robertson, lecturer on surgery, was told to see a case of strangulated inguinal hernia in the practice of Dr. Thomson. The gentleman was removed from bed, and placed upon a table to facilitate the required operation. Dr. Robertson, before proceeding to use his scalpel, was employed in removing the hairs from the groin with a razor, when the patient suddenly complained of faintness, gasped, and died.

CASE 7.—After discovering the anæsthetic effects of chloroform in November, 1847, I tested it in a case of tooth-pulling; but required to wait eight days before I had an opportunity of using it in the hospital or elsewhere in any surgical operations. A few days, however, after its discovery, a hernia, which had been strangulated for a few hours, was brought into the Infirmary, and Professor Miller thought it a case demanding operative interference, and one in which chloroform should be tried. But I could not be found in time for the purpose of giving it, and the patient was operated on without any anæsthetic. Professor Miller had only proceeded the length of dividing the skin, when the patient fainted, and died with the operation unfinished. If the chloroform had happened to be used, and this fatal syncope had occurred while the patient was under its action, the whole career of the new anæsthetic would have been at once arrested.

CASE 8.—Within a year or two afterwards, I saw at my own house a child with a large abscess in the neck, and I wrote Dr. Pattison, the medical attendant, to the effect that I thought it was sufficiently advanced to be opened. Next day, when about to open the collection of pus, the mother suggested that the child should first have some chloroform exhibited to it. Dr. Pattison had none with him; explained that the walls of the abscess were so thin that the operation would not give much pain; and put his lancet into the purulent swelling. The child immediately fainted and died, without any hæmorrhage or any other complication to account for the fatal syncope.

CASE 9.—In a case belonging to Dr. Gilchrist, of Leith, I saw a surgeon try to treat a sacculated aneurism at the root of the neck by a small quantity of hæmostatic injection. As the operation involved no cutting, no chloroform was used. The patient's respiration speedily became stertorous, and he died in a few minutes.

CASE 10.—In 1853, Dr. Richard Mackenzie was called to see a patient who had shortly before fallen and fractured the radius. Dr. Mackenzie felt his pocket for his chloroform bottle, but found he had it not with him. Anxious not to lose time by sending for it, he forthwith adjusted the displaced ends of the bone, and applied splints and a bandage. A few minutes after leaving the patient's house, Dr. Mackenzie was suddenly recalled, and found the patient dead.

If, in the preceding cases, chloroform had happened to be employed, the fatal results would naturally have been attributed by most minds to the anæsthetic, and not to the operation or the condition of mind or body connected with the operation. Such cases, however, teach us at least that caution is required in our reasoning and inferences, seeing death may occur, and has occurred, in operations without chloroform, and with phenomena quite similar to those ascribed to the action of chloroform. Most of the stronger drugs in the Pharmacopœia, as opium, elaterium, antimony, mercury, &c., are, proportionally to the number of cases in which they are used in full doses, as fatal as, or more fatal than, chloroform, but they are not so sudden, and hence not so terribly appalling in their dangerous and fatal effects. The proportion of lives lost yearly by the poisonous effects of opium is much greater than that lost by chloroform.*

* In 1849, out of every million living in England and Wales, 24 were poisoned by opium, and 22 by other medicines improperly given to children below the age of five years. (See Seventh Annual Report of the Registrar-General, p. 82). In England and Wales, from 1863-67, there were poisoned, by preparations of opium, 632 individuals; by salts of lead, 242; by overdoses of medicine, 53; by strychnine, 41, &c. There were drowned during the same period, while bathing, 707 persons; suffocated by bedclothes, 2332; suffocated by overlaying, 682; died from "navel hæmorrhage," 872, &c. (See Thirtieth Report of the Registrar-General, pp. 176-8.)

At our different drug-manufactories in Edinburgh we have upwards of two million doses of chloroform manufactured annually; yet how rarely does a fatal result follow its use. Is there any other common or potent drug which could be given—in full doses—in two millions of instances per annum with greater impunity? But I plead now, as I have ever pleaded, for the greatest care and watchfulness in its exhibition, especially in such large doses as are required in surgical operations.

Edinburgh, February, 1870.

ON MEDICAL EDUCATION.

By F. WM. HEADLAND, M.D., F.R.C.P.,
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CONSIDERING that the practiser of the healing art must, if worth anything, be a complex organism of many various endowments, it is apparent that any inquiry into the best method of educating him, of elaborating him for the performance of functions of such importance to mankind, must from first to last be surrounded with considerable difficulty. So that, in giving my opinion somewhat positively on several points concerned in such an inquiry, I do not wish to be understood as presuming to speak authoritatively or *ex cathedrâ* on the matter, but as subject to the correction of those who have had a wider opportunity of judging of fact and circumstance, and a larger experience of medical teaching than myself.

The education of the medical man, or physician, comprehending under that general term all those who are in any way given to the profession of medicine, if regarded—as it should be—in the widest and most catholic spirit, will be found to present, when compared with the education requisite for other callings, many points of similarity, and some points of difference. The physician, I think, should be viewed, as it were, *ab ovo*, as destined for that particular calling which is to occupy his lifetime. At the same time—and the same remark may be made with respect to all who are destined to any special vocation—it must be borne in mind that, while nothing is to be subtracted from that system of culture which prepares a man for the higher walks of life, something is to be superadded to it which is peculiar to his case.

The education necessary for a physician may be divided into three periods, which taken together will occupy about one-third of the ordinary life of a man. I say nothing more here of the essential requirements, the kind of intellect, the tone of mind, the habit of thought, which alone can fit a man for the entry upon such a course of study. I may speak of these in a future paper, when specifying the character which is essential to the medical student. It is enough for me now to suppose that he who is entering on this training is considered by his friends, and considered by himself, to be constitutionally fitted for it. This being premised, and the soil ready for the ploughing and sowing, a certain method of education especially adapted to his wants, and the need of those who may some day require him as a friend and helper, has to be sought out and specified.

The education of the practiser of medicine resolves itself easily into three periods. We have to speak of the early training, of the intermediate training, and of the later training. The age which I shall mention as appropriate for each is given arbitrarily, and only as an approximation to that which will be found convenient in particular cases.

The early training is for the boy of ten years old to the youth of eighteen. Now, of this primary education it may first be laid down that it must at least be that which is considered fitting for a gentleman. In all points of general culture the student must be qualified to take rank rather above than below the average of the cultivated men of his age and period. When we consider the work in store for him, the power and influence which he will be called upon to exercise; that it will be necessary for him to speak to the lower class as one having authority, to mix with the higher class on equal or more than equal terms—as one who knows all that they know, and something besides which it will be to their advantage to recognise,—it is manifest that the higher kind of education must be laid down as a foundation on which to erect the superstructure which shall specially mark and characterise the professor of medicine. On this point—that the physician must be, first of all, and before all, a gentleman—I feel so strongly that I must lay it down as an axiom, upon which a great part of my argument will hang. A man who attempts to exercise this calling without any pretence to good breeding or gentility will, from the beginning to the end of his career, be more or less a quack. For skill cannot spring from ignorance, and true learning and science cannot be divorced from general cultivation. And just in proportion as a physician shall fall short of that high standard of refinement at which most of us are aiming, will he find that his chances of advancement and his opportunities of usefulness to his fellow-men will be diminished.

The early training, then, must comprise all that is comprehended under the common term of a "liberal education." It must include a fair knowledge of Latin and Greek, and such an acquaintance with the mathematics as would enable a man to take his degree at Oxford or Cambridge. Such knowledge (or nearly as much) is now actually, and I think wisely, demanded in the preliminary examinations of the various boards which give diplomas and confer degrees in Medicine. The medical student, before commencing the study of his art, must be grounded in those branches of knowledge, literary and scientific, which are considered necessary to all well-educated men.

The widest possible curriculum of study would not be too much for the pupil who is designed for a medical career. An acquaintance with other modern languages besides his own—a knowledge, at all events, of the French and German tongues—would be of manifest advantage to him in the prosecution of his studies. He cannot possibly learn too much, and he must remember that he is about to enter on a pursuit in which those only attain the highest success who know something of everything—in which those who are more or less well read in all the sciences, or who have even the most superficial acquaintance with foreign languages and literature, have an immense advantage over their more ignorant fellows. In regard to the early training, then, the widest possible curriculum should be selected by the student of medicine, endeavouring always, whatever he learns, to learn it well.

To this ideal of the early training of a medical student, comprising something more than what would enable him to take a degree in Arts—a standard which some may think too high, but to which all will, at least, do well to aspire,—something yet must, in my opinion, be added before we can hope to perfect our scheme of medical education. During the three years of what I call the later training, the student finds too often that he has too much to learn. He has to cram into his head about a dozen new sciences, of which he had not previously mastered the rudiments, with a vast amount of unfamiliar lore hanging on the skirts of these sciences, or mixed up with them. By the aid of a retentive memory—one of the most animal of intellectual qualities—he may be enabled to keep hold of all these facts and reasonings for a while, just long enough, perhaps, to qualify him to pass the examinations, which he looks upon as a necessary but almost intolerable evil. Emerging from the presence of the conclave which has dubbed him Doctor or Surgeon, he shakes himself with a delightful feeling of new-found ease, and forgets as soon as may be three-fourths of what he has been taught: the moral of which is threefold—that too much labour, work which ends sometimes in brain fever, often in imbecility, is imposed upon the student during this time; that a period of life at which habits have become inveterate, ideas are formed, and the mind is stored already with almost as much as it can hold, is scarcely fitted for the assimilation of this vast amount of fresh knowledge; and that the true method of education consists in gradual training, inasmuch as what is quickly gained is quickly lost.

These are briefly the motives which induce me to propose an important modification of the system of educating men for this profession. The change which I have to advocate consists in teaching to the boy the rudiments at least of those sciences which are generally reserved for the man of full age. I would include in the early training, instruction in the sciences of Botany, Chemistry, and Natural History; and I would strike them out, as distinct branches of study, from what is commonly known as the medical

curriculum. I will not argue here the wide question whether these sciences should be included in the education of every gentleman. I am inclined to think they should. The physician must know something of them. It would be just as easy, I think easier, to teach them to an intelligent boy, whose mind is plastic and eminently capable of receiving and retaining impressions, as to a man past the age of eighteen or twenty. One who can be taught to read the dead languages as fluently as English, can surely be instructed in the compositions of material things and their methods of change, in the varying construction and special characters of living beings, vegetable or animal. It may be said that the means of such instruction are wanting; but that is a matter of detail with which I have no business at present. It would immensely simplify the labour of medical teachers if the young men who come to their schools were already versed in Botany, Chemistry, and Natural History. I can see no reason why they should not be so. With the soil thus favourably prepared for further cultivation, we could direct ourselves more singly to the work of inculcating that long and complex history of disease and its cure, the study of which is quite sufficient to occupy any man during the three short years which are allotted to his medical studies. Not being called upon to attend lectures on Botany or Chemistry, the student would have no reason to complain of being overworked, and would have more time to devote himself to those practical studies in the hospital which are by far the most important part of his medical education. I cannot, of course, include Human Anatomy among the sciences which can be taught the youth in the earlier training; for its study requires appliances which can only be met with in medical schools, and is of so serious, I might say so sacred, a nature, that it seems fitter for grown men. I must relegate, also, to the later training the science of Human Physiology, which depends, almost as much as Anatomy, on the lessons of the dissecting room.

(To be concluded.)

ACUTE PROSTATITIS; ACUTE MANIA.

BY W. J. MARSH,
ASSISTANT MEDICAL OFFICER, OXON AND BERKS COUNTIES ASYLUM, LITTLEMORE.

ACUTE PROSTATITIS.

J. P——, aged eighty, a healthy, able-bodied imbecile in the Littlemore Asylum, complained of retention of urine, with dribbling, on the 12th January. Mr. Hussey succeeded in partially relieving him by the catheter on two occasions, and the man passed by his own efforts from one to two pints every twenty-four hours. Death occurred on the 23rd, after a few hours' delirium, the result of exhaustion from want of rest, consequent on the frequent and anxious desire for micturition.

Upon post-mortem examination by Mr. Hussey, the whole of the prostate was found very much enlarged, and section showed that the enlargement was quite recent, and not chronic, as is usual in such cases. It was, in fact, a case of simple plastic inflammation. The bladder and urine were perfectly healthy. Severe cases of prostatic and strictural obstruction often require almost immediate relief. Expectancy, and so-called "palliatives"—whatever they may be,—will rarely afford this. In the event of the catheter from any reason proving useless or dangerous, unless there is well-marked hopeless exhaustion or approaching dissolution, the question of tapping the bladder should receive more serious attention than it generally does. We make no great difficulty about the analogous but rather more dangerous operation for dropsy. It is not my intention to be didactic on the subject. The uninformed and sceptical can see and read the practice of the best authorities of the day. The indifferent routinist and rash enthusiast will not be made equal to the emergency by any amount of talk. Doubtless, there are two sides to the question. I only urge those readers of THE LANCET whom it may concern (and how few, particularly in the country, does it not concern) to learn and consider for themselves. These remarks do not apply to the above case. There were reasons, deemed by excellent authority to be sufficient, contra-indicating further interference.

ACUTE MANIA.

C. M——, a strong, healthy young woman, was admitted into the Littlemore Asylum on the 15th January, in a state of acute mania. She was noisy, violent, destructive, and feverish. Small doses of morphia and tartrate of antimony being of no avail, a grain of muriate of morphia was given twice, and sometimes three times a day, for several days, under which she has rapidly improved. The dose is now often omitted, but, if not resumed in sufficient time, a marked tendency to relapse is the result. On no occasion, in the above case, has headache, dry mouth, or sickness been complained of or observed.

Many have been thus saved from a tedious and perhaps incurable career of insanity by timely and efficient sedative treatment; and muriate of morphia is undoubtedly the best sedative for such cases, hydrate of chloral not excepted. The "alterative" or mercurial treatment of acute cerebro-mental disorder is much, and to a certain extent deservedly, extolled; but in the majority of cases it is uncertain and tedious, as compared with the sedative treatment by morphia. The remote prospect of undue narcosis in such cases, from the treatment advocated, does not call for much discussion here. Practical medicine is guided, not limited, by physiological and chemical research. It would be mere dogma to lay down *precisely* the conditions which contraindicate the sedative treatment of acute cerebro-mental disorder by grain doses of muriate of morphia. The pupils are sometimes very contracted, as in many cases of acute paralytic dementia, and yet a grain of muriate of morphia may be given, and perhaps repeated more than once, at intervals of from four to eight hours or less, with marked benefit. Again, an apparent tendency to renal dropsy might, but by no means of necessity, contraindicate the treatment suggested. Intelligence, caution, and vigilance are necessary, as they always are in the proper treatment of disease, but not exceptionally so; and much must be left to the experience and judgment of the physician in the adoption or rejection of therapeutics.

Littlemore, January 29th, 1870.

THE HYDRATE OF CHLORAL.

BY J. FREDERICK PLOMLEY, M.R.C.P. EDIN., &c.

DURING the past few weeks I have administered the chloral hydrate on several occasions, and with marked success. Given as a hypnotic, I have found it a much surer producer of sleep than opium or any of its preparations. Another thing greatly in its favour is that (so far as my experience has gone) it is without the unpleasant after-effects of opium—e. g., constipation, loss of appetite, &c. Two of the patients to whom this salt was administered complained of severe headache when first awaking in the morning; but I attributed this, in the one case, to the large quantity of chlorodyne which had been taken a few hours previously for the purpose of allaying pain and inducing sleep, and, in the other, to a cause quite apart from any effect the medicine might have had. In one other case a feeling of intoxication was complained of when first awaking, but this soon passed off.

The first patient to whom I gave the chloral was a gentleman who has been for many years a great sufferer from rheumatic gout, and who has been in the habit of taking almost every night a large dose of opium in one form or another for the purpose of easing his suffering and procuring sleep. As a consequence of this no small amount of gastric disturbance has resulted. He now takes forty-five grains of the chloral hydrate in place of the opium, and, within ten minutes after doing so, he falls into a sound sleep, which lasts from ten to twelve hours, and awakes in the morning refreshed and with an entire absence of all the unpleasant symptoms of gastric derangement from which he has so long suffered.

In another case, that of a young girl who for some years past has been a great sufferer from bronchitic asthma, the paroxysms of which, occurring every night, have been very severe, and quite prevented sleep, a half-drachm dose of

the chloral hydrate, taken a short time before the threatened attack, by inducing sleep, prevents the recurrence of the paroxysm. This patient had previously taken all the remedies usually prescribed for mitigating the severity of asthma, but with very unsatisfactory results. Since she has been taking the chloral hydrate, the attacks, which before were both frequent and severe, have become much less so, and the breathing, which is permanently embarrassed, is certainly much relieved. The cough continues as severe as ever, but the patient expresses herself as "feeling quite a different person" since she has been taking this preparation.

I have little doubt that the chloral hydrate is much to be preferred, both as a hypnotic and an anodyne, to opium or any other drug with which I am acquainted; and I firmly believe that, as it becomes more generally appreciated by the profession and the public at large, it will be found one of the most valuable remedies of its class which we possess.

Maidstone, Feb. 1870.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

TOTAL LOSS OF NOSE THROUGH DISEASE; RHINOPLASTY BY A NEW METHOD; SUCCESSFUL RESULT.

(Under the care of Mr. JOHN WOOD.)

COSMETIC SURGERY has not arrived at such a state of perfection as that a new process for the restoration of a lost nose will be unacceptable to those charged with the task of supplying so important a feature. The result in the following case was good.

John R——, aged twenty-seven, was admitted on the 13th September, 1869. The nose was entirely absent, the centre of the face presenting a large orifice, the margins of which were formed of tense cicatricial tissue. This hideous disfigurement was the result of a slowly spreading ulceration, which commenced in the summer of 1867, in the East Indies, after an attack of scurvy, and persisted up to November of the following year, in spite of caustic applications. The disease commenced at the left internal canthus, and finally invaded the palate bone, causing in its progress an almost complete destruction of the nose. The man's condition had been rendered more distressing by an unsuccessful attempt which had been made, before his admission under the care of Mr. Wood, to form a nose from the skin of the forehead. The patient, who seemed a healthy man, was extremely anxious to have something done for his relief, and expressed himself as willing to undergo any operation, however slight might be its chances of success, for he felt that his condition could not be rendered worse.

Operation, Sept. 18th.—The patient having been placed under the influence of chloroform, Mr. Wood took from the integument of the face, on either side of the central chasm, two large leaf-shaped flaps, the pedicles of which were directed towards the corresponding internal canthi, and made broad in order to permit a full vascular supply to the bodies of the flaps. A greater extent of flap was made on each side than seemed necessary at first sight for covering the nasal aperture, in order to allow for the subsequent shrinking of the skin, and the retractile action of the included muscles. After this stage of the operation had been completed, the upper lip was divided from above downwards, on either side of the median line, and an oblong flap formed, which was then elongated by a slit having been made between the mucous and cutaneous surfaces, as far as the free border of the lip, which was not cut through. The long and thin flap thus formed was turned upwards, and fastened by a suture to the upper edge of the nasal chasm, and the external flaps were then carried inwards from the cheeks, and applied over its anterior raw and bleeding surface. The long strip of living and vascular tissue thus formed by the division of the outer from the inner surface of the lip, made a good base of support for the new nose. The lateral flaps were stitched together in the median line, and to the tissues at their outer edges, with the exception of a small portion on the left side, where the tissue was cicatricial, and too thin to allow of extension. The wound in the upper lip was then closed by pins and twisted suture. In the final stage of the operation, the edges of the large gaps formed by the removal of the lateral cheek flaps, were brought together, and towards the middle line, by sutures of thick wire passed from one side of the face to the other, and made fast at both ends to pieces of an elastic urethral bougie. The soft tissues of the cheeks were previously detached over a great extent from the bone beneath, in order to facilitate the inward gliding of the integument over the raw surfaces, and also to prevent the zygomatic muscles from acting on the new nose. Before the patient's removal from the operating theatre, a small apparatus, consisting of two pieces of elastic catheter, traversed by a piece of wire bent at an acute angle, was passed behind the newly-formed septum, and under the lower margins of the lateral flaps, in order to allow the passage of air, and to support the transplanted and flaccid alæ.

From the date of the operation the case made favourable and rapid progress. On October 30th the patient was shown in the operating theatre, and then presented a great improvement in his personal appearance. The large and unsightly aperture in the centre of the face had been covered over with sound and firm integument, and was somewhat elevated above the level of the surrounding parts, forming a very useful nose.

Mr. Wood, in his remarks upon the case, stated that the man had been retained in the hospital for a short time, as he intended to devise some small instrument for insertion behind the newly-formed organ, in order to render it more prominent.

LONDON HOSPITAL.

THE USE OF OPIUM IN STRANGULATED HERNIA.

(Under the care of Mr. MAUNDER.)

IN a recent case of strangulated hernia, where the effect of a single subcutaneous injection of half a grain of morphia had been very marked, Mr. Maunder took the opportunity of pointing out the danger that might result from the use of opium in such cases. "This drug should never be administered," he said, "to a patient the subject of strangulation, unless the surgeon has determined to resort to operative interference for the relief of the latter within the space of from three to four hours subsequently, provided that the taxis, aided by chloroform &c., fails to effect reduction. In the case alluded to the patient had vomited up to the moment of the administration of the drug; abdominal pain and tenderness in the neck of the tumour ceased after its use, the stomach retained half a basin of beef-tea, and the patient felt 'quite relieved.' But strangulation persisted, as was known by the unaltered condition of the tumour, and by the absence of expansive impulse on coughing. In this way the soothing effect of the drug might ultimately lead to the death of the patient, unless the medical attendant fully understood that during this apparent improvement serious pathological changes were occurring in the contents of the hernial sac." With regard to the seat of stricture in femoral hernia, while operating on another case, Mr. Maunder remarked that, although in very many cases Gimbernat's ligament was its source, yet sometimes, as in this instance, some tight fibres on a deeper plane were the cause. He accordingly advised care in the use of the knife, lest this structure be unnecessarily cut, and the crural ring be thereby enlarged. To avoid this error, if the director be passed between the ligament and the neck of the sac, and can then be moved somewhat from side to side, the ligament is not the seat of stricture, and must not be cut; but it must be looked for either in some

deeper fibrous bands or in the sac itself. In reference to chloroform as an aid to taxis, Mr. Maunder had observed that reduction was often effected just when the breathing became stertorous, in cases where similar means without chloroform had failed.

LOCK HOSPITAL.

TREATMENT OF CHRONIC URETHRAL DISCHARGES.

(Cases under the care of Mr. BERKELEY HILL.)

OUT of 1282 males who had urethral discharge in 1869, 245 had allowed the discharge to become chronic before they applied at the hospital. In most of them a persistent, scanty discharge constituted the symptoms. In such cases the canal was first examined with the endoscope or with the olive-headed bougie. The endoscope has been very unsatisfactory in use, notwithstanding that Mr. Hill employs a light, handy instrument, fitted with a fish-tail gas jet, instead of the cumbrous paraffin lamp commonly used; but the surface which can be illuminated is so small, and the tube excites so much soreness or discomfort, that latterly the olive-headed bougie has superseded the endoscope. This can be passed without distressing the patient, and gives very exact indication of the condition of the urethra, distinguishing the diseased from the healthy localities. The bougies used for examining the urethra are of black gum, very flexible and slender in the stem, which is marked with a ring at every successive inch from the base of the olive. The head, usually shaped like an olive, Mr. Hill has had made conical, one-third of an inch long from the point to the base, where the head corresponds to some number of Weiss's catheter scale. The most convenient series is from No. 4 to No. 16. When passing along the urethra this conical head is impeded by any inequality in the mucous membrane, and causes a little smarting as it passes over an excoriation or inflamed part; but when the obstruction is passed by the head, the slender stem allows the instrument to travel along without inconvenience till the next thickening is reached. In withdrawing the bougie, the base of the olive strikes the impediment first, of which the position may be ascertained by noting how much of the graduated stem is within the urethra.

So accurate is the olive bougie in revealing the inequalities of the interior of the canal that a No. 6 will often stop at an obstruction that a No. 9 or 10 ordinary bougie, and a still larger tapering probe-pointed one, will slip past. Thus the position and length of patches of chronic inflammation, where the mucous membrane has lost its pliancy to only a small extent, but which ultimately become indurated masses that seriously contract the canal, are detected by the olive bougie at a stage when the ordinary bougie gives no evidence of their existence. In the urethras examined in this way the following conditions were found: stricture, 62; tender points or excoriations, 30; false passage, 1. The urethra was not examined in all the cases, and in six of those examined a No. 14 or 16 olive-headed bougie traversed the canal without causing any soreness, or experiencing any impediment.

Some of these obstructions were also examined with the endoscope, and were then seen to be deep-red patches on the mucous membrane, or, in a few instances, actual excoriations of the surface were observed. The following are examples:—

CASE 1.—Muco-purulent discharge for the last two months; no congestion of the meatus urethræ; no pain or scalding. A small patch of redness was seen at five inches down the urethra; elsewhere the canal had the normal pink colour.

CASE 2.—For several months flocculent discharge in the urine; irritation in the perineum, where induration for one inch along the middle line is felt externally. At five inches an excoriation, or shallow ulcer with defined edges, which bleeds when touched, is seen.

CASE 3.—A stricture at three inches, which allows No. 3 to pass, but stops No. 4. The endoscope showed redness of the membrane, but no peculiarity of the passage, though the tube was abruptly stopped at three inches.

Besides the ordinary remedies of cubebs in frequent doses, &c., many of these cases were treated by injecting a few drops of caustic solution (one scruple to an ounce) of nitrate of silver directly on to the diseased points by a syringe contrived for the purpose. A straight silver tube, the size of No. 8 catheter for one inch of its length, is perforated at the nozzle with fine holes on all sides, the remainder of the tube being only as large as No. 4 catheter, and marked at each inch from the nozzle. Along this slender part a little clip slides backwards and forwards; at the outer end a small glass graduated syringe fits on. When the instrument is to be used the clip is slid along the stem as far from the nozzle as the tender point or obstruction is from the meatus urethræ. The instrument is then introduced, and one or two drops of caustic injected on to the point of disease. A few applications in this way have cured discharges that have lasted several months, and resisted multifarious treatment. If the canal is contracted as well, the treatment is continued by passing bougies until the calibre of the canal is restored. The bougies employed for this purpose are almost always of black gum, with tapering ends and probe-points.

MIDDLESEX HOSPITAL.

CASE OF MORBUS COXÆ.

(Under the care of Mr. HULKE.)

A BOY, aged ten, who had been admitted under Mr. Shaw's care in March, with disease of the left hip-joint, was transferred by him to Mr. Hulke in May. Mr. Norton, house-surgeon, has supplied us with the notes of his case.

The left thigh and leg at this time were very wasted, the limb one inch shorter than the other, and the foot everted. There was much swelling over the front of the joint, filling the hollow of the groin, a large fluctuating swelling in the buttock, and three copiously-discharging sinuses on the front, inner side, and back of the upper part of the thigh. The slightest movement gave great pain; his rest was much broken by starting of the limb, and his strength was fast failing. His liver was not large, there was not any albumen in his urine, and he had no diarrhœa.

May 27th.—Mr. Hulke excised the upper end of the femur (the caput and cervix femoris had almost disappeared), and removed some exfoliated sequestra from the acetabulum, through the curved incision (Billroth's), which he now always adopts. This cut is begun at the centre of an ideal straight line drawn from the anterior superior iliac spine to the upper border of the great trochanter, and it ends behind and below this latter process. The wound was washed with a solution of chloride of zinc, a drainage-tube was passed from it through the lowest sinus in the thigh, and after this a De Morgan's extension-splint was put on. He slept better the same night. Much of the cut healed by first intention. The discharge was always inodorous, and moderate. His appetite improved, and he gained flesh and strength.

In September, with a leather splint, which fixed the thigh to the pelvis, he was able to go out into the garden, and in October he was dismissed, comparatively robust, able to flex and extend the thigh through a considerable range, and to bear some weight on the limb, which was only one inch shorter than its fellow. The girth just above the knee was also only one inch less than that of the other thigh at the same place. The foot was quite straight, neither everted nor inverted.

Provincial Hospital Reports.

NORFOLK AND NORWICH HOSPITAL.

CASE OF POISONING BY CORROSIVE SUBLIMATE.

(Under the care of Dr. EADE.)

J. C——, aged forty-nine, was admitted on Sept. 19th, 1869. At 10.30 P.M. on the preceding day, whilst under the influence of drink, he had swallowed a small lump of corrosive sublimate, which remained in his stomach about an hour, and was then ejected by an act of vomiting. An hour later he was seen by a medical practitioner, who gave an emetic, and used the stomach-pump. On admission the

following morning, at 7 A.M., he was much prostrated, the pulse feeble, the extremities cold, and the face rather flushed. There was scarcely any whiteness or corrosion of the mucous membrane of the mouth. In the course of the day he complained of a burning pain beneath the sternum, and also in the epigastric region, although to a less extent. He was frequently sick, vomiting freely a thin bloody fluid. He also coughed up a considerable quantity of mucus tinged with blood, voided bloody urine, and passed by stool a large quantity of green and highly bilious-looking fluid.

Sept. 20th.—There was less substernal and abdominal pain, but considerable purging of bloody fluid. He was thirsty, feeble, and faint; the flush of the face was gone; hæmaturia present.

21st.—Expressed himself as feeling better; pulse not so feeble; urine no longer bloody. Has less pain; but is coughing up large quantities of bloody mucus. Vomiting and purging continue; and for the first time the act of swallowing, even of fluids, produces great pain. No salivation.

23rd.—Apparently better; no longer sick; pain and tenderness of belly gone, and the pain beneath the sternum is less. Swallowing easier; pulse stronger. The frequent fluid stools are now of a brownish colour, and only stained here and there with blood. Urine scanty, but not high-coloured. He complains of a sensation of extreme general faintness. Slight salivation.

24th.—Very feeble. No urine has passed since yesterday; an ounce withdrawn by catheter. Gums swollen and pale; purging continues; great difficulty of swallowing. Salivation.

25th.—Urine still suppressed; pulse very feeble. The patient died at 7 P.M.

Autopsy, thirty hours after death.—Rigor mortis extreme; jaws firmly clenched; all the superficial veins extremely green-looking; gums slightly ulcerated, and here and there marked by bluish-grey patches.—Chest: Both lungs highly congested, the left in places almost apoplectic, but not sinking in water. The heart healthy and empty. The œsophagus in a state of slough throughout its entire length; at its upper third the wall nearly destroyed, and the adjacent tissues in a sloughing condition.—Abdomen: Stomach greatly distended, and containing much half-digested milk; the mucous membrane of a greyish tint throughout, with numerous patches of redness of varying size. Neither ulceration nor perforation present. Small intestines empty; duodenum congested; ileum throughout its entire length dark and of almost a purplish tint, with the mucous membrane ulcerated in many spots; the cæcum and colon in the same dark or blackened condition.—Liver: Weight 3¼ lb., congested; on chemical examination traces of bichloride of mercury were found in its substance. The kidneys extremely pale, but otherwise healthy. The spleen weighed 2¼ oz., and was very firm and contracted. The bladder was empty.

Treatment.—The treatment adopted after admission into the hospital was—first, an emetic of sulphate of zinc, which acted well; then white of egg was given freely, and milk mixed with flour. Later ice was given him to suck, and warm fomentations were applied externally to relieve the burning pain of the chest and epigastrium. Tincture of opium was given both by mouth and rectum, and when swallowing became difficult, beef-tea injections were freely administered; and when getting faint and collapsed a warm bath was given, with temporary comfort and relief.

Remarks.—This patient was a shepherd accustomed to apply this mineral to the coats of his sheep, to prevent the attack of the fly; and it appeared that he swallowed a lump of the poison, which he happened to have in his pocket, whilst excited by beer, rather than from any deliberate or preconceived intention to commit suicide. This mass, after its hour's residence in his stomach, was found to be of an irregular form, smooth on its surface, and to weigh one drachm.

The death in this case did not occur until the eighth day. Although the majority of cases die at an earlier period, yet some survive two weeks or longer; and Dr. Taylor observes that when an individual has recovered from the first effects of acute poisoning by corrosive sublimate, he may die at almost any period from the secondary consequences.

Salivation, by no means a constant feature of poisoning by large doses of this substance, did not appear until the fifth day, and then only to a slight extent.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 1ST, 1870.

DR. PEACOCK IN THE CHAIR.

MR. B. SQUIRE exhibited two living specimens: the one of Elephantiasis Græcorum, in a girl aged fourteen, of which he gave the history at some length; the other an example of what he termed Accidental Ichthyosis in a young boy. In the latter the disease consisted of circumscribed patches of what appeared to be horny ichthyosis, the well-marked spot being seen about the upper part of the chest. The disease was not congenital.

DR. TILBURY FOX referred to the melasmic staining observed in the early stage of Elephantiasis Græcorum, and said that in two or three of the six or seven cases of true leprosy which had come under his care during the last eighteen months, it had been mistaken for syphilitic discoloration, and treated accordingly. Mr. Squire's ichthyosis was in reality a seborrhœa corneæ.

DR. FAGGE denied the fatty nature of the masses found in the skin in what is generally termed ichthyosis. He had carefully examined cases of late, and found these masses to be made up of epithelial elements alone, and he did not think that they were ever fatty; nor could he agree to the usual division, adopted by Wilson, Tilbury Fox, and others, of ichthyosis into two varieties, true and false.

DR. FOX stated that he had explained this division as signifying that in one case the "ichthyotic" masses contained little or none, and in others a good deal of fatty matter, and that was perfectly true.

MR. SQUIRE's specimen was referred to a committee for microscopical examination.

A report was read on Dr. Tuckwell's case of Lympho-sarcoma of the Anterior Mediastinum, in which that gentleman's opinions, touching the nature of the growth, were corroborated.

DR. HERMANN WEBER brought before the Society the question of the dependence of tuberculosis on the existence of caseous deposits in the body. He communicated the history of the case of a man who had died from tubercular meningitis six months after having had typhoid fever. The post-mortem examination showed the cicatrices from the typhoid affection of the intestines, enlarged caseous glands, and the phenomena of tubercular meningitis, and of miliary tuberculosis of the lungs and pleura. Dr. H. Weber then discussed the connexion between the caseous mesenteric glands and the tuberculosis as cause and effect. After having given a short sketch of the views of Dittrich, Buhl, Virchow, Niemeyer, and C. E. Hofmann, he mentioned that in all the cases of tuberculosis of the serous membranes which had come under his own observation during the last five years—viz., eleven cases of tubercular meningitis, and four of tubercular peritonitis—caseous deposits were found in some part of the body; and he added that the dependence of tuberculosis on the previous existence of caseous affections in the body had become so impressed upon him, that in the last three cases of tubercular meningitis which had occurred to him he had based his diagnosis almost entirely on the history of previous affections likely to leave behind caseous deposits, as of catarrhal pneumonia, pleuritis, and measles. In five out of the eleven cases of tubercular meningitis the caseous deposits existed in the lungs, in two in the pleura, in one in the mesenteric glands after typhoid fever, in one in the cervical glands after scarlet fever, in one in the same from impetigo capitis, and in one in a scrofulous knee-joint. In all the four cases of tubercular peritonitis the caseous masses existed in or near the abdominal cavity—viz., in the mesenteric glands, the kidneys, the lumbar muscles, and the ovaries. In some of the cases the tubercles were most abundant, and of greater size and age in the immediate neighbourhood of the caseous focus; but in others the adjacent tissues were almost or quite free, whilst remote parts, as the meninges of the brain and the lungs, were the seats of tubercles, showing that the disease need not spread by contiguity, but may at once be carried to distant organs. The author then alluded to the important relation between these pathological facts and the experiments on artificial

tuberculosis in animals, especially those by Villemin, Simon, Sanderson, Wilson Fox, and Waldenburg; and he requested the Society to examine the following proposition which he thought more or less in accordance with the views of some of the other pathologists mentioned—viz., "That miliary tuberculosis is caused by the introduction into the circulation (usually through absorption) of minute corpuscular elements from caseous and allied pathological products, and by the migration of these elements to numerous points of different organs, there giving rise to the formation of nodules and farther changes."

Dr. WILSON FOX said he had expressed some views which tally, in a measure, with those of Dr. Weber, and others who think with him; but he was of opinion that, in its practical relation to clinical medicine, the theory of the antecedence of caseous matter in some of the glandular structures of the body, as an exciting cause of the development of tubercle, might be pushed to an extreme. He believed caseous matter in the glands must be regarded as the expression of a tuberculous diathesis—a disposition to the production of tubercle already existing, and as indicative of a past attempt to produce tubercle. Glands, in fact, do not easily become cheesy in patients who have not naturally a tuberculous tendency. It follows, therefore, that a secondary outbreak of tubercle is not necessarily the immediate result of the absorption of corpuscular elements from a cheesy gland, but of the general nutritive disposition to the formation of that morbid product. Tuberculosis is often, in fact, so to speak, a curable disease, of which a patient might have more than one attack, and different organs might be successively affected at various ages, or according to special local causes. This appeared to be the true clinical bearing of the question. He doubted whether the mere existence of a caseous gland was to be regarded, in all cases, as the immediate cause of the second attack. Looking at the question in its relations to tuberculosis as an infecting disease, as in its experimental production by inoculation, it was to be observed that, in the latter case, the tuberculous production was not arrested, therefore the production of tuberculosis by local irritation was not a mere local cheesy change giving origin to the deposit of tubercle. The latter was caused by direct local irritation, or perhaps, it might be, some septic influence. The tubercle, too, spread in immediate continuity, so that there was a perfect chain of morbid action between the local cause and the general effect. No such connexion can, as a rule, be traced where a cheesy gland is said to be, in virtue of the migration of its corpuscular elements, the cause of tuberculosis elsewhere. If the theory propounded by Dr. Weber and others be true, and if local irritation and absorption of inflammatory products alone were necessary to account for tubercle formation—that is to say, if it were not necessary that some special susceptibility to the development of tubercle should exist in tubercular subjects—then tubercle in man ought to be more common than it is, and a cheesy gland would be a source of the extremest danger. As regards diagnosis, a cheesy gland indicates the existence of the tubercular diathesis, rather than a cause of the tubercular meningitis or peritonitis, &c.

Dr. SANDERSON exhibited microscopical preparations given to him by Prof. Chauveau, of Lyons, illustrative of the lesions produced by feeding bovine animals with tuberculous material. The general results of these experiments have been already published, but have attracted very little attention in this country. When at Lyons last autumn Dr. Sanderson had the opportunity of examining all of M. Chauveau's preparations, and making himself acquainted with the details of the experiments. Of the six animals (five heifers and a bullock) employed in M. Chauveau's last series of experiments, three were fed four times with tuberculous material, two twice, and one only once. The material was obtained in three of the experiments from the diseased lungs of bovine animals, in the others from those of man. It was given in a comminuted state, mixed with water, the quantity employed each time being about an ounce. The interval of time between the first feeding and the slaughtering of the animal varied from thirty-one to eighty-one days. Only one showed signs of illness. The lesions were as follows:—Minute granulations of the mucous membrane of the ileum, either in the adenoid layer or in the substance of the villi; similar granulations of the mucous membrane of the trachea and bronchial tubes; subserous granulations of the peritoneum; peri-bronchial miliary granulations in the lungs with nodules of interstitial induration in their neighbourhood; miliary granulations in the liver. With reference to the preparations shown, Dr. Sanderson pointed out that in the tracheal mucous membrane the new growth has its seat in the layer of normal adenoid tissue which extends under the epithelium everywhere. In bovine animals this layer is better marked than in man, although it is distinct enough in the human trachea. In like manner the most minute granulations in the lungs are to be found for the most part either underneath the epithelium of very small bronchi or in the adenoid tissue outside of the muscular fibres. Some, however, originate from the alveolar septa. The larger nodules have in every respect the character and structure of what is commonly understood by the term "infiltrated grey tubercle,"—i.e., they consist partly of adenoid tissue, partly of catarrhal pneumonia. It is a remarkable fact that in an animal killed only a month after infection the former was already undergoing fibroid transformation. In conclusion, Dr. Sanderson remarked that the fact of artificial tuberculosis could be in one respect more satisfactorily judged of in bovine animals than in others, because it was possible to compare the artificial lesions with those of the idiopathic disease, and to satisfy oneself of their identity. Further, it can be much more distinctly seen, in consequence of the greater development of the normal adenoid tissues in these animals than in man, that, as a rule, granulations originate from them. He would venture to add that Prof. Chauveau, who is as great an adept in microscopical research as he is in the larger and more important fields of experimental physiology, entirely agrees in the view which he had promulgated on this question.

Dr. MURCHISON mentioned that he had exhibited in the last session an ulcer of the duodenum, with enlargement of the glands near the duodenum, in a patient cut off by tubercle of the lung, there being no family history of tuberculosis.

Dr. DOWN made some remarks in explanation of the subject of markings on the nails by illness, and their cause, as in the instance of himself.

Mr. MARSH exhibited a Tumour which he removed from the cheek of a child eleven days old. The child was unable to close its jaws, the tumour was growing very quickly, and after due consideration, Mr. Marsh decided to remove it. He described the steps of what seemed to have been a severe operation, requiring great care and precision in its execution, on account of the ramifications and deep attachments of the tumour. However the child did well, and is now alive.

Dr. BEIGEL brought forward a specimen of Aneurism of the Aorta, which had nearly made its way through the sternum.

Mr. DE MORGAN exhibited two specimens; the one a Cystic Tumour of the Thigh, and the other a Spindle-celled Sarcoma.

INDIAN LITERATURE ON CHOLERA.*

(*Concluded from page 210.*)

DR. BRYDEN'S Report is limited to the Bengal Presidency and to what consists of a very small portion of its population—the military and gaol population. Imprimis, let us briefly recapitulate. There is an endemic and an epidemic cholera area; the disease extends from the former into the latter as an invasion; the two areas are, as regards the period of epidemic prevalence of the disease, antagonistic to one another. Like the greenness of vegetation, cholera has special seasons for its full development; but sporadic cases may appear out of season, like evergreens that are

* A Report on the Cholera of 1866-68, by James S. Bryden, M.D. Blue book. Calcutta, 1869.
Report on the Sanitary Administration of the Punjab. 1868.
Report on the Treatment of Epidemic Cholera, by John Murray, M.D., Inspector-General of Hospitals, Bengal Medical Department. Published by order of the Government of India. Calcutta, 1869. (Steel's British and Colonial Offices, 30, Cornhill.)
A Treatise on Asiatic Cholera. By C. Macnamara, Surgeon to the Calcutta Ophthalmic Hospital. London: Churchill. Calcutta: Thacker, Spink, and Co. Bombay: Thacker, Vining, and Co. 1870.

even strong enough to resist the action of agencies inimical to ordinary vegetation. To pursue the parallel, the natural history of cholera shows it to be, in the endemic area a perennial, and in the epidemic area a triennial plant. Its reawaking within the latter is only a revitalisation of the very cholera distributed months or even years before, and not a fresh invasion succeeding the cholera of the previous epidemic. Whether the outbreak be one of invasion or reproduction, however, the period of its occurrence is the same in both cases, and the statistics of the two are combined in Dr. Bryden's tables. The *materies* of the epidemic being present, its powers are evoked in strict subordination to the conditions offered in the geographical situation which t occupies. Soldiers in India will tell you that there is an "earth" cholera and an "air" cholera; and these ideas roughly express Dr. Bryden's theory of the revitalisation of seeds left in the soil by a previous crop of cholera, or newly borne into a district from another and outlying one. Our readers will, of course, understand that we are expressing, after our own fashion, our conception of Dr. Bryden's views. We assume that he would not give in his adhesion to a doctrine that would represent cholera as depending on a specific virus. He allows that the disease may be conveyed by human carriers, but the influence of this factor is so small that he would, in a mathematical sense, think it useful to eliminate it altogether. We, on the other hand, even if prepared to allow that his statistical deductions are correct, see no reason for supposing that the communicability of cholera from infected to healthy localities or individuals is in opposition to what he has advanced.

There is a vast body of facts which go to support the truth of this view; and, if true, it offers us a reasonable hope of being able to limit the ravages of the disease, which Dr. Bryden's theories do not. We cannot alter the seasons, any more than we can turn the stars from their course. We cannot change the direction or force of a monsoon; but we can do something in the way of preventing infected pilgrims from spreading cholera in healthy districts, and we can likewise prevent its diffusion through the contamination of drinking water. So many of Dr. Bryden's facts are susceptible of explanations different from those assigned by him, that we might occupy an entire LANCET and fail to exhaust them. Every epidemic supplies instances in support of the theory that cholera depends upon a something portable. The extension of the disease along the shores of the Mediterranean to England in the most direct line of human intercourse; its extension to Greece at one time, and the escape of that kingdom at another; the history of its introduction into America, and its spread there; and the numerous examples of the influence of cholera-contaminated water in India, England, and Holland, are to us, on any other hypothesis, insoluble enigmas.

At page 65 Dr. Bryden gives a diagram to illustrate the relations of the area of the Bengal Presidency to the south-west monsoon, and the epidemic influences derived from it in the months from June to September. The region comprising the north-western desert and the trans-Indus territories, being beyond the primary monsoon influences, are never reached in a primary invasion of cholera, except when monsoon influences pass the usual limits. To the south-western monsoon is assigned one of the most important parts in the spread of cholera; and this may be very true, but not for the reasons which Dr. Bryden gives,—otherwise why do places within its track ever escape cholera? The wind is a moist one—and moisture is, he fully allows, one of the necessary elements in the production of a cholera epidemic,—and fleets of boats take advantage of this wind to navigate the Ganges. These are, to our minds, two very important facts connected with the influence of the monsoon in conveying cholera from the endemic into the epidemic area. We shall see, too, that in the case of Peshawur there are local conditions connected with the water-supply of vast importance. The facts connected with the Hurdwar outbreak, again, appear to us most significant. That there was, in the first instance, water-poisoning on a large scale, and that, in the second, the cholera-stricken crowd of pilgrims were instrumental in the subsequent dissemination of the disease, seem to us by far the most reasonable explanation of the occurrences which are known to have ensued; and Dr. Bryden fails, we think, to break down this view. That Dr. Bryden prophesied the appearance of the disease within a given area at a given date, that it however anticipated that date, and that the arrival of pilgrims was synchronous with its appearance, indicate two things: first, that Dr. Bryden correctly estimated the great influence of the seasonal and meteorological conditions in favouring the outbreak of cholera; and, secondly, as this antedated the time of his prediction in connexion with the arrival of pilgrims, this fact is strongly suggestive of there having been a causal connexion between these two occurrences. Nor have we yet exhausted the facts connected with the Hurdwar outbreak. The native population suffered terribly as compared with the troops and the gaol population. If the course of the cholera was aërial—an epidemic condition of the atmosphere,—the presence of which is only to be detected by its pathological action on human beings immersed in it, how can we explain all these facts? There is a chain of positive evidence linking the appearance of cholera with the appearance of the pilgrims; and there is the negative evidence against the operation of an atmospheric cause, that it must have been very widespread and yet was quite innocuous as far as a large portion of the community was concerned.

Then, again, take the water-contamination theory. Dr. Farr justly complained, in his Report on the Cholera Epidemic in England in 1866, that the sources of the water-supply are seldom referred to in the Indian Reports. He need no longer do so, for it has attracted a very considerable degree of attention of late. We take up Dr. De Renzy's Report for 1868 on the Sanitary Administration of the Punjab, and we find abundant evidence that cholera probably obeys the same law of diffusion in the Punjab that it does in England. The places where cholera was known to be most fatal in 1867 were in the military cantonments, Peshawur, Meean Meer, Subathu, and Umballa, and in the civil stations, Rawul Pindee and others. Meean Meer has been repeatedly visited by cholera, and the destructiveness of two of its epidemics has probably never been surpassed. In that of 1867, although the first case occurred among the European Infantry on the 27th of May, the Artillery enjoyed complete immunity till the 4th of August, and the Artillery Bazaar had not a single case in it. In the case of Rawul Pindee, the town suffered severely from cholera on two occasions—first in 1858, and again in 1867; while at both periods the troops entirely escaped. The people resort in hot weather for their water to the Leh river, and this stream is contaminated by the drainage of the town. "There can be no doubt," says Dr. De Renzy, "that the sections of the population that suffered from cholera were using at the time sewage-tainted and probably cholera-tainted water, while the troops who escaped obtained their supply from deep wells which were not much exposed to pollution." Dr. De Renzy's main object in quoting the case of Rawul Pindee is to show that cholera prevailed most in those sections of the population where the facilities for its dissemination in drinking water were greatest, and of that there can be no doubt.

After pointing out that eleven different stations in the Punjab present great diversities of character as regards general salubrity, surface-cleanliness, soil, climate, and elevation above the sea-level, he asks, What is the condition which unites such stations under the common bondage of cholera? They one and all, he thinks, afford special facilities for the contamination of their water-supply with excremental matter, so that when the specific poison of cholera is imported it finds a ready medium for its rapid

dissemination. He goes on to illustrate this position in the cases of Peshawur, Subathu, Umballa, and other stations, by what appear to us some very important facts and forcible arguments. At Peshawur the sources of the water-supply are bad. The cut from the Bara River, before it reaches the cantonments, receives the drainage of three native villages, and there are several large burial-grounds on its banks. There are numerous wells in the city, but the water, on examination, showed that it was contaminated with sewage. The bulk of the city drinking-water Dr. De Renzy believes to be more impure than ordinary London sewage.

Dr. Bryden traces the numerous affinities and relations which apparently exist between the cholera miasm and malaria; but, after carefully considering this subject, we think, not only that he fails to support his arguments by the facts he adduces, but that these in reality favour the very opposite hypothesis. The native army suffers from cholera in an infinitely less degree than the European, but both are nearly equally susceptible to the action of malaria. When, however, native troops are massed together so as to increase the power and influence of contagion, their comparative immunity from outbreaks of epidemic cholera ceases. When native troops were moved down the Ganges in boats, they used to suffer from such outbreaks, and we have been told of an illustration of this. When the 31st Regt. proceeded down the river in 1846 to Calcutta, they were overtaken and passed by the boats conveying native troops; the latter were suffering terribly from cholera, whilst the 31st had not a case. Where the morbific agent is local in its origin, existing in the soil and atmosphere of a particular district, it exerts its influence on all exposed to its action, whether European or native; but where personal causes come into play, these will, of course, tell with most force in the direction and under the circumstances which may be most favourable to their operation.

In the case of the removal of native regiments, we must, of course, remember that men of caste will not eat food cooked on board ship, and that they are consequently liable to be insufficiently nourished. There can be no doubt that, in the case of natives, the influence of race also and of habits of life is great; but race cannot be the main cause of the relative immunity of the native troops from cholera, for European officers suffer far less from the disease than do the rank and file. Whether we believe that the aggregation of human beings induces conditions of atmosphere very favourable to the occurrence of epidemic disease, or whether there be, over and above this, the element of contagion, as we believe, the practical lesson remains the same—namely, that in segregation there is safety, and in a gregarious mode of life, danger. We must not forget, however, that the very expensive experiment of lofty double-storied barracks has not yet been properly tried. In the case of Fort William the result of raising the occupants above the cholera-containing stratum of air, Dr. Bryden tells us, has been that cholera has scarcely ever intruded itself there during the past seven years. Dr. Bryden's figures appear to demonstrate that the effects of race make the Goorkha to differ from the native of Hindoostan in his liability to contract cholera and small-pox, while the native beside him escapes. "The fact is universally true," he says, "that the Goorkha constitution localises cholera as it localises small-pox."

We think it quite possible that we may, by a long study of statistics, deduce some valuable laws connected with the prevalence of epidemic disease. Without seeking to disparage the importance of such a study, we nevertheless hold that these laws are and will be empirical in their nature. Like the deaths from street accidents necessary to complete the number which statisticians require to make up their yearly average, they afford us no means of guarding the unfortunate individuals against their fate. The observation of the crossing-sweeper would practically be a safer guide as to the way in which such accidents are caused, and as to how they could be avoided. The personal observation of disease, and a searching inquiry on the spot, are more likely to bring to light those hidden and all-important links in the chain of causation which generalisations from statistics and laws evolved out of a studious contemplation of official facts and documents will fail to elucidate.

Dr. Murray's very practical Report need not detain us long. If it contains nothing very new, it furnishes a lucid and condensed summary of what is practically known. He incorporates an analysis of the experience and opinions of a large number of medical officers, three-fifths of whom regard cholera as, in some sense, an infectious disease.

Dr. Macnamara's work contains a very full history of several great epidemics, besides a good deal of new information. The causation, pathology, and treatment of the disease are very ably discussed. The author disagrees with Dr. George Johnson on several very important points, and his work may be read as an antidote to Dr. Bryden's. The changes which Dr. Macnamara describes as taking place in the cholera excreta, and the influence that he attributes to the molecular matter in the epithelial cells especially, are interesting; but we require, above all things, a full detail of facts and experiments bearing on the infectious properties of this so-called "cholera stuff."

REPORT ON THE ADMINISTRATION OF THE ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

THERE is probably no surgical charity in London which presents greater advantages to the sufferer than the Royal Ophthalmic Hospital, Moorfields; and, by reason of the great eminence of the staff, there is none which presents greater temptation to abuse. An enthusiastic admirer of the institution observed, with truth, that the hospital possesses a world-wide reputation. Patients present themselves from Ireland, Scotland, and the provinces; they come from Canada, India, and Australia; and there is at the present moment a miner whose expenses have been defrayed by his comrades in Peru, whence he has come in order that, by an operation, he may be restored to sight. Under such circumstances, we shall not be surprised to hear that there are very great difficulties in confining the operations of the charity within legitimate bounds; and as the whole question of gratuitous medical advice demands discussion, it is scarcely possible to present an instance more in point.

The out-patients are admitted at 8 A.M., and the doors are closed at 10. They are received in a large waiting-room capable of seating two hundred persons. There are separate departments for males and females. The seats are so arranged that the patients enter the consulting-room in the order of their arrival. The waiting-room is provided with proper conveniences, but appeared somewhat inadequately ventilated. A clerk takes the names and addresses of every patient as he enters the consultation-room, and notes the new cases. He also invites the patients to contribute to the funds of the hospital, and countersigns the prescription-paper. Near the dispensary there are boxes into which those who can pay for bottles and medicines are expected to put something. The amount thus collected is not large, varying from two to five shillings per day. The daily attendance ranges from 120 to 400. It is heaviest at the early part of the week, particularly on Tuesday. The consulting-room is divided into four compartments, in which the patients arrange themselves. At the end of each compartment is a desk, and as the patient comes forward his eyes are examined and his prescription written. In case of further examination or slight operation, he is brought out of the line of patients to a seat where there is suitable light. In a room close at hand are all the conveniences necessary for ophthalmoscopic examinations, and for teaching the use of the ophthalmoscope to a number of pupils at the same time. Cases requiring important operations or the administration of chloroform are admitted into the hospital. Each compartment is taken charge of by a member of the staff, aided by clinical assistants, who must have been pupils at the hospital for at least twelve months. It will be seen that the arrangements for securing to every patient the fullest examination and consideration are as

perfect as possible, whilst the patients are not kept waiting longer than is consistent with due attention to so large a number. Every patient receives a letter which entitles him to attendance and medicine for three months. In 1868 there were 18,294 out-patients, of whom 3849 had renewals of their letters. The total attendances were 91,470, or at an average rate of 300 per day.

The out-door and in-door treatment of the patients is so intimately combined that it may be desirable to note that the accommodation was until recently somewhat cramped, and that a new wing has been erected for between fifty and sixty in-patients, making a total of nearly a hundred beds. The new wards are not large. There are three on each floor, all opening on the same corridor. This is a defect due to the cramped form of the ground. Not so the want of thorough ventilation, a defect which may yet be remedied by making openings above the doors. These wards have now been completed some months, and, as there is an improper number of beds in several of the old wards, they ought to be prepared for occupation as soon as possible. Delay, moreover, is acting somewhat unfairly to those members of the staff who have been advanced to the position of surgeons to the hospital, and have at present no beds allotted to their patients. It is time, too, that the contemplated revision of the nursing should be made. For some years past there have been but two nurses, and there is no night-nurse. We would venture also to recommend that the amount of cubic space given to each bed should be examined; for, although it may be true that ophthalmic patients are generally in tolerable health, and do not require the same amount of space as surgical patients generally, yet it will not be desirable to have the beds too close together.

Great praise is due to the Board of Management for the countenance they have given to the scientific and educational arrangements of the hospital, and for their great attention to the requirements of modern ophthalmology.

It now remains to examine the question of abuse, and, as the hospital enjoys the privilege of restoring sight to one blind person every day in the year, we feel bound to touch the question with a very kindly hand. It is due to the Board of Management, to the staff, and to the secretary, to state that they are all fully alive to the importance of the question, and that, consistently with the fundamental laws of the hospital, they endeavour to lessen the abuse as much as possible. The secretary attends daily in the waiting-room, and questions every applicant who apparently ought to pay. The surgeons also enjoy the power of refusing to give their advice when they think fit to do so, and scarcely a day passes without their bringing cases under the special consideration of the secretary. There is a general rule that tradesmen are ineligible; but in this, as in other cases, any hard and fast line would lead to occasional hardships. When questioned, the applicants often excuse themselves by saying that they did not know where else to go for the purpose of getting the best opinion, and the practice then is to give them a Report of the hospital, which contains the names and addresses of all the staff. Sometimes the plea is made that, although able to pay their usual medical attendant, they are unable to pay a consultation fee. Temporary pecuniary difficulty is also pleaded. From the nature of the case, however, it is obviously impossible for the secretary to do more than guess whether the excuses are valid or not, and the result is that the applicant gets the advantage of the doubt.

But by far the larger proportion of patients who ought to pay are, curiously enough, sent by medical men, and by persons who are distinguished patrons of the charity. A few weeks ago a note was brought from one of the Royal residences, with a request that one of the servants might receive advice; and patients are recommended by medical men almost daily. No doubt it is a great advantage for patients to obtain in such cases the advice of the senior members of the staff, and it is quite possible that they might not be able to pay a succession of fees. But it should not be forgotten that there is now a crowd of young surgeons, of the highest competence, who would be perfectly willing to see such patients on more moderate terms; in fact, the professional honorarium has, or should have, a relation to the ability of the patient to pay, as well as to the amount of service rendered.

But the great difficulty of drawing a line between those who ought, and those who ought not, to pay, is largely increased by the amount of professional ignorance of ophthalmic diseases and their treatment. The staff are so familiar with lost eyes which might have been saved by judicious treatment that they are bound to hesitate before they refuse admission to the hospital, especially when that refusal involves the alternative of sending the patient back to some obscure district where ophthalmic ignorance prevails. In such cases it is often impossible to determine the pecuniary position of the applicant, and the officers naturally prefer to err on the charitable side. Nor can it be denied that the great reputation of the senior members of the staff, and the natural desire to be operated upon by men whose fees are beyond the means of many persons of the lower middle class, present a temptation to conceal the position of many applicants who really ought to have been private patients of the assistant-staff. Such persons defy the scrutiny of secretaries. We have heard of patients being admitted whose friends were watching them from a neighbouring hotel; and not long since an Australian came over with his wife and child with the express object of obtaining gratuitous advice. He had probably paid £200 for his journey, and yet grudged to pay a fee.

The only alternative would be the adoption of the Continental practice of making all the patients pay in proportion to their means, or their friends for them. Such an arrangement involves, as a matter of course, the payment of the staff, and is so large a revolution in English hospital administration that it would need serious discussion before adoption. Meanwhile, we invite opinions on the subject, and would venture to suggest that some attempt should at least be made to establish a spirit of emulation amongst the patients in respect of the sums they contribute. This might be done by publishing the amount received weekly in the waiting-room, and by registering the names and cases of those contributing half-a-crown and upwards. A short daily exhortation might help to develop the gratitude of the patients, and cause it to take a substantial form.

In conclusion, many members of the staff are of opinion that the whole question of gratuitous hospital advice is one which needs revision. Those with whom we conversed, including Mr. Bowman, Mr. Critchett, Mr. Lawson, and Mr. Soelberg Wells, were of opinion that a conference of the profession on the subject might be held at this moment with great advantage; and we would submit whether the question ought not to be taken up by a Joint Committee of the Royal Colleges, or by the Medical and Chirurgical Society.

HASLAR HOSPITAL.

To the Editor of THE LANCET.

SIR,—With reference to a paragraph in this day's LANCET, under the head of "Haslar Hospital," I would beg to observe that in the report of the Civil Commissioners on Naval Hospitals made last year, you will find that "Melville Hospital," Chatham, is mentioned as being under the *sole charge* of the principal medical officer, a Deputy Inspector-General. "This fact," the commissioners say, "justifies the conclusion at which we have arrived, as to the absence of any necessity for placing the hospitals under the command of combatant officers."

I am, Sir, your obedient servant,

19th February, 1870. N. H.

*** We are fully acquainted with the facts mentioned by our correspondent, but the annotation referred to the assumption of duties by a medical officer at an establishment where a Captain-Superintendent still rules, though deprived of his subordinate and deputy hitherto—the Lieutenant.—ED. L.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 26, 1870.

IT is of great importance that the Government should clearly understand the great points of Medical Reform which are now fairly raised in the profession, and which it is to be hoped will be gained in any amended Bill that the Government may undertake. It is not enough that we should get a new board which shall examine candidates in all subjects. There is scarcely a licensing board now in the country which does not examine in both Medicine and Surgery. The Edinburgh College of Physicians and the Apothecaries' Society are, perhaps, the only exceptions. They seem to think that a fine line still divides the diseases of the limbs and external tissues from those of the internal organs. The Apothecaries' Society does not even demand of the applicants for its licence any proof of education in surgery. It is common and very just to praise this Society for the past goodness of its examination, as far as it goes; but the fact that, in the last third of the nineteenth century, it is examining general practitioners without any allusion to half the diseases of the body, is a specimen of the system of examination by corporations, which had better be closely looked at before it disappears for ever, as it certainly soon will. But to return. We need scarcely have put all the members of Council to the extreme inconvenience of coming to London just now to invoke the action of Government for the sake of getting either an examination in all subjects or a conjoint examining board. Public opinion, if not regard for their own interests, would have compelled the English and Irish Boards to yield both these points, in imitation of the creditable example set them, in this respect, by the Scotch bodies. What we want, above all things, is deliverance from the system of licensing corporations, whose interest it is to make examinations as low as possible.

The corporations have utterly failed as examining bodies; and the very highest of them, under straits of impecuniosity, or out of the mere operation of that feeling which is authoritatively declared to be "the root of all evil," have let down their standard of requirement, and thus kept the profession from attaining that high social and political position which it must reach whenever its members rise to the full dignity of their study and the full practice of their art. The corporations have further grievously failed as a cementing influence in the profession. They have cared nothing for their members and licentiates after once receiving the fees for their diplomas. Only now it has been conceded that members of the College of Surgeons shall have the right of meeting within its walls. The Colleges have existed only for the magnification of a few officials, and the great body of the profession has been either ignored or contemned. In the name of the great body of the profession who sigh after a higher status and a higher culture, we have to urge that the most be made of the present opportunity for raising the profession, by relieving the corporations of all licensing duties for which they are unfitted, and by such an alteration in the General Medical Council as shall give the profession, irrespective of its corporations, some voice in the Council which regulates its education and compiles its great Register.

We wish we could say that the general proceedings of the Council, up to the time of our going to press, warrant us in thinking that it is at all likely that it will advise the Privy Council efficiently and disinterestedly at this crisis. The Scotch and Irish bodies seem to think that things might go on as they are, or with very little alteration; and as for the idea of an Examining Board independent of all existing corporations, and of a Medical Council, smaller, and representative of the profession rather than of its corporations,—such thoughts have evidently not entered the mind of the Council. Dr. ANDREW WOOD would, apparently, stay all legislation at present, and sees little else in the proposal to have a conjoint examining board than a serious interference with the interests of several ancient universities and corporations. Even Dr. PARKES, one of the members of the Council most earnest in his anxiety simply to promote better medical education, proposes, in his resolutions, a Board formed by a union between the universities and corporations. There seems an intention to retain all the existing and ordinary examinations, even if the plan for a conjoint examination be agreed upon—which is very much as if the old coaches should have been retained in full force with all our existing railway improvements. Meantime teachers of the experience and authority of Mr. SYME and Professor MILLER (viewing medical education from very different stand-points), and all who look at this question in the abstract and apart from the financial interest of the licensing corporations, see that we want a perfectly independent Examining Board that shall examine in each division of the kingdom; the members of which shall be paid by the State, or at any rate, quite independently of corporations, and of the number of candidates passed.

The Council is itself on its trial, and it has the delicate duty to perform of giving an opinion as to its own efficiency, and the efficiency of the examining bodies of which it is mainly composed. It has to do more than give an opinion; it has virtually to consult with Lord DE GREY. Hitherto it has been absurdly self-complacent, and has turned a deaf ear to the most friendly suggestions from the profession. It may by this time have learned a lesson, though the light treatment of the Birmingham petition on Thursday did not quite justify this view. We can only hope, under all these circumstances, that the Lord President of the Council will not be guided too much by the Medical Council itself. He seems to perceive, if he does not hint, in Mr. SIMON's letter, that the Council's notions of the amendments needed in the Medical Act are of the most inadequate nature, and only touch "minor points." This is a very severe suggestion, but it is quite a true one. The Council has throughout been so self-satisfied that it has suggested only amendments which are now taken for granted, and which yield

entirely in interest to the universal demand of the profession for more radical changes in the nature of the Council, and of those bodies which are to hold the gate of the profession in future. Lord DE GREY wisely declines to undertake legislation unless there is some probability of doing so in a way that gives promise of permanent results. It seems as if he were now willing to re-organise the profession on a broader and a lasting basis. Everybody but the General Medical Council sees that this is what is needed; and considering that the Council represents old divisions and old local interests, its consent can scarcely be expected to changes which would give unity and solidarity to the profession; but which would devolve upon others the most profitable work of the corporations. Is the profession to be considered, or are the corporations? It is for Lord DE GREY to decide, and to take an entirely independent course. We have no reason to doubt that he will take all public and professional opinion into consideration, as well as the advice of the Council, which is itself under criticism, and which represents bodies that ought to be superseded in deference to stricter views of what constitutes examination, and broader views of the interest of the profession.

AT a meeting of the Royal Medical and Chirurgical Society on Tuesday night, called especially to consider the Report of the Committee of Delegates on the Amalgamation Scheme, the Society, by a very large majority, rejected the proposal to place Medicine and Surgery in separate sections. It was mentioned during the discussion that the same proposal had been twice rejected by a majority of the Committee, and that it had been unexpectedly reintroduced and carried at the last meeting, from which three members were absent who would probably have turned the scale against it. Mr. HOLMES, speaking as a member of the Committee, led the meeting to believe that the scheme would inevitably be rejected by some of the Societies, and more than hinted that all the time and trouble expended upon its preparation had been wholly wasted.

We confess we should witness the collapse of the amalgamation scheme, considered as such, with very little regret. We desire to see a Royal Society of Medicine formed, not so much out of the existing Societies as out of the men composing them; and we think that far too much stress has been laid upon the conservation, in some modified form, of the Societies themselves. A Society, we take it, is simply a means to an end—an instrument for promoting the increase of knowledge, and, like other instruments, to be used or laid aside as circumstances may demand. Many of the existing Societies owe their origin to the narrow and obstructive policy that has long prevailed in the government of the Royal Medical and Chirurgical Society; and if the proposed Royal Society of Medicine were formed, and governed in a similar manner, it would inevitably fail to fulfil the expectations of its founders. But because men of active minds have been driven out from Berners-street, and caused to swarm, as it were, in order to discuss clinical and pathological questions at their ease, it by no means follows that each swarm should be supported during all time in a separate hive. The formation of sections in a Royal Society should not be based upon the fact that certain Societies now exist, but upon some general principle of convenience and utility. What this principle should be we will briefly endeavour to point out.

For this purpose we must premise that the science and art of healing rest upon certain principles that are universal, and that are, therefore, of equal, or nearly equal, interest to all classes of practitioners. But the convenience of mankind has divided this science and art into departments; and each department presents for consideration a variety of matters of detail which are of more limited importance and application. We hold, as a practical rule, that all questions of principle are questions for a general society, and that all questions of detail are questions for a section.

Now, the proposed "Medico-Chirurgical Section" would represent a general society, and would furnish a proper arena for the discussion of questions in all departments of Medicine, granted only that they were of sufficient magnitude and importance. Obstetricians have the largest opportunities of observing puerperal fever; surgeons, of observing pyæmia; physicians, of observing erysipelas. It is manifest, however, that a comprehensive paper on any of these subjects would be delivered at great disadvantage before any single section; and that it could only be thoroughly discussed at a meeting in which physicians, surgeons, and obstetricians were all adequately represented. It is equally manifest that a paper on the significance of suppression of the lochia, on the rapid removal of discharges from suppurating surfaces, or upon the most comforting local application in erysipelas, would be suited to a sectional audience. In like manner pathological investigations would fall within the province of a section at their commencement, and at various stages of their progress; but should be brought under the cognisance of a larger body when they had led to any important general conclusion. The principle here laid down is very easy of application. The Royal Medical and Chirurgical Society should, we think, form itself into a Royal Society of Medicine, retaining a Medico-Chirurgical Section for the class of questions with which at present it chiefly deals. It should form, also, an active Clinical Section, holding frequent meetings; and these meetings might be devoted in settled rotation to the consideration of practical matters in medicine, surgery, and obstetrics. A Pathological Section, a section for State Medicine, and a section for Psychological Medicine might all find their proper work; and, together with the Clinical Section, might all assist in supplying materials for the chief section, which would form a bond of union between them all. If the existing Societies wished to continue their operations, there could be no possible objection to their making the endeavour; and if the new Society inherited the ordinary house-list of Berners-street, there can be little doubt that the endeavour would be perfectly successful. But if the new Council were composed of men with somewhat more active sympathies, and with a wider range of thought, the sections would speedily absorb the best workers in the department appropriated to each, and the projected amalgamation would accomplish itself, without resolutions or effort, by the mere noiseless progress of events.

ONLY third in importance to the Education and Irish Land Bills, came that for the Regulation and Inspection of Mines before the House of Commons on Monday evening. The Home Secretary, in moving its second reading, reviewed the successive enactments which had been made in behalf of our mining population; from the Act of 1842, by which the exertions of Dr. PARIS secured the exemption of women from working underground—a philanthropic achievement commemorated by the Doctor's grateful *protégés* in the words felicitously suggested for his testimonial—

. . . . . "manet altâ mente repostum
Judicium PARIDIS spretæque injuria formæ"—

down to the present Bill, which seeks to enforce the two conditions: full responsibility and sufficient knowledge on the part of employers and employed. Of the accidents which befall the miner, four-fifths are due to mechanical, and one-fifth to chemical, causes; the latter inflicting about 200 deaths in the course of the year—a mortality (as Dr. LYON PLAYFAIR well remarked) scarcely more than is annually incurred from the headlong hansom and the brutal van in the streets of London. Accidents have increased since 1815, when the DAVY lamp gave an impulse to mining, by which shafts were sunk and pickaxes plied in seams formerly too fiery to be attacked. The health of the miner and his security from explosion are conditioned by ventilation, a sufficiency of which is to be obtained on principles similar in kind, though infinitely superior in complexity, to those which regulate the air-supply of the Houses of Parliament themselves. One of these complicating conditions is the sudden outburst of mighty currents of gas, of which Mr. BRUCE cited a telling example:—An inspector, finding only 12,000 cubic feet of air in a certain mining space, insisted on that quantity being gradually increased till it amounted to 80,000 cubic feet. Hardly was this additional supply, after much opposition, obtained, when out gushed a volume of gas greater than the inspector had ever known to escape, and but for the increased air just let in, it must have encountered a naked light before being so far diluted as to render it innocuous! The consequences may be imagined, when we reflect that this dangerous gas does not ignite till mixed with fourfold its volume of air; and that it continues explosive until mingled with fourteen times its quantity of that element, before which point a naked light must have caused instantaneous explosion, to the destruction of every miner underground. Now, if in the Houses of Parliament the ventilation is entrusted, not to experienced servants, but to a chemist of approved competency, why not commit the air-supply of mines to more efficient superintendents than the "viewers," who are often men of the grossest ignorance and incapacity? The masters and mates of ships (as Dr. PLAYFAIR observed) are compelled to undergo examination before entering on their duties. Why not subject the overseers of mines to a similar ordeal? Difficulties there are, doubtless, in the way; as not a few of these men are, by native sagacity and long experience, quite fit for their posts, though unable to read or write. But the sooner some preliminary examination is made an indispensable prelude to their entering on duty the better—as, indeed, the miners themselves are shrewd enough to see, and firm enough to insist upon. At the same time, the education of the mining population must also be improved, the first preventive against accident being the enhanced intelligence of all classes of persons employed in the raising of coal. The extent to which the education of the miner is pursued in Germany, where an English inspector found a number of boys leaving a colliery quite able to read GOETHE, is unparalleled in England, where very few indeed of even adult miners can spell out the words of SHAKSPEARE! To remedy this deplorable state of things something more than Mr. FORSTER's national system (admirable as it is) will be required. The instruction of the miner, as Professor FARADAY long ago suggested, should be regulated by the conditions in which he is placed. He should be taught the principles of the DAVY lamp, and made to know that when the gauze of that utensil is pierced to light its owner's pipe, it becomes, not a lamp of safety, but a lamp of danger. He should be informed as to the properties and uses of timber as applied to propping up the roofs of mines. Practical knowledge of this kind on the part of the miner, seconded by competently attested scientific acquirements on the part of the viewer, and completed by a thoroughly organised body of inspectors, who ought by preference to be drawn from the ranks of the medical faculty, would set the mind of the country at rest as to the safety of those who work underground. Sharp and well-defined regulations of responsibility should always be imposed upon owners and officers of mines; but Dr. PLAYFAIR is right in regarding the technical education of the miner himself, and of those immediately over him, as the first condition of his pursuing his perilous craft with safety.

WE publish in another column the petition of the promoters of the Birmingham Memorial, which has been signed by 9724 members of the profession. These gentlemen, in their petition, go into more detail than was practicable in the memorial itself, and they address the Council in view of the present circumstances of the question of medical reform. Such a petition is of immense importance at this moment, and is well calculated to induce the Government to take a strictly scientific and statesmanlike view of the present occasion, and to do anything that seems called for in the interest of the public and the profession. Dr. BELL FLETCHER and his colleagues—who, representing ten thousand practitioners, speak with authority—pray that an end may be put to the present system of examinations for licence to practise, and that the one legal qualification to be hereafter granted to candidates for admission into the medical profession shall only be granted on proof being given, by a high standard of examination, that the applicant for the licence does really possess a competent scientific and practical knowledge of medicine and surgery. They express themselves as convinced that any alteration of the present system would fail to satisfy the 9724 memorialists, if it is conceived in the interest of the corporations rather than of the public and the profession. They complain that the corporations are dominant in the General Medical Council, and urge that any amended Medical Act

should give a Council representative of the profession, and one having power to govern the corporations as well as the profession. They are not unmindful of the good the corporations have done, and they will be glad to see their resources utilised in future in the interest of the profession and for the advancement of medical science; but they plainly intimate that the parties to be mainly considered in any amendment of the Medical Act are not the corporations, but the public and the medical body.

We would urge upon Dr. BELL FLETCHER and his colleagues to forward a copy of their memorial direct, and without delay, to the Lord President of the Privy Council. They very clearly perceive the great points, to gain which all medical reformers should now unite. Still there is a want of definiteness in their memorial as to the exact nature and size of the Council which they would substitute for the present one, and as to the Examining Board they would have substituted for the present licensing bodies. We commend to their consideration the scheme for a smaller and an authoritative Council, representative of the State on the one hand and of the profession on the other, which we have advocated. The memorialists represent in this matter the profession, and it is most desirable that they should be quite explicit. The Government, we hope, only needs to be backed by the profession to do anything which is desirable, and which is likely to be for its good and that of the public.

We should say, in a few words, that the reception of this important petition by the Council was not very respectful. Dr. EMBLETON'S proposal to enter it on the Minutes was only carried by a small majority, after two proposals that did not involve this civility, one of which, indeed, was to the effect that the business of the Council be proceeded with. It is this want of respect to the profession that explains the present unpopularity of the Council. And but for the conciliatory wisdom of Dr. EMBLETON and Dr. ANDREW WOOD on Thursday, the breach between the Council and the profession would have been greatly widened.

THE profession will have heard with unqualified gratification the result of the action raised by Dr. C. J. B. WILLIAMS against the Duke and Duchess of SOMERSET. The origin of the litigation is not unknown to our readers. The Earl ST. MAUR, the only son of the Duke and Duchess—the hope of the illustrious house of SEYMOUR—was labouring under an affection of the chest, and medical assistance was sought for him at the hands of Dr. C. J. B. WILLIAMS, a physician of the highest repute in the diagnosis and treatment of thoracic disorders. The patient was found to suffer from a mediastinal tumour, which, pressing upon the windpipe, threatened death by suffocation. The adverse symptoms being urgent, Dr. WILLIAMS suggested—and received permission for Mr. T. HOLMES to perform—the operation of tracheotomy; but immediately it was over the patient died. The shock inflicted on the Duke and Duchess may be imagined.

"Omnis in Ascanio cari stat cura parentis;"

and the sudden extinction of their hopes, the blasting of the prospects they had cherished for their son as the inheritor and transmitter of their name, aroused emotions first of acute grief, and then of intense indignation. Dr. WILLIAMS, from having shared their confidence, incurred their bitterest resentment, and the Duchess did not hesitate to denounce him by tongue and pen—in society and in print—as a "hypocritical murderer," who shrunk from meeting another practitioner, and who had mismanaged the case through professional spite. In short, the whole influence of the noble house of SEYMOUR was levelled at Dr. WILLIAMS'S character as a man and as a physician, and in all the high places where the Duke and Duchess could make themselves heard, they had no language too vituperative for the "wilful destroyer" of their son.

For this perhaps intelligible, but certainly unjust, ungenerous, and unseemly behaviour, Dr. WILLIAMS had but one redress. He sued the Duke and Duchess of SOMERSET for libel; and on the 1st of February the case came before Baron BRAMWELL and a special jury in the Court of Exchequer. The Solicitor-General appeared for the plaintiff, and Mr. HAWKINS, Q.C., for the defendants. An attempt was made by the defendants' counsel to postpone the trial until the sittings after Easter Term, on affidavits to the effect that the Duchess, who might be a necessary witness, was labouring under neuralgia and crural varix, and would be unable to attend the Court for three weeks or a month. But the Solicitor-General urged that the printed libel had been in circulation for months; that Dr. WILLIAMS had already suffered severely in professional character from it; that if the evidence of the Duchess was required, it could be taken by commission; and that the trial should be proceeded with at once. Mr. Baron BRAMWELL decided that it should be postponed till the eighth day of the next sittings in London, with liberty to examine the Duchess by commission if necessary.

The case was accordingly tried on Thursday, the 24th inst., when the Solicitor-General, in one of the most luminous, dignified, and effective pleadings we remember to have heard, demonstrated the gross injustice of the charges brought against Dr. WILLIAMS, urged the disastrous consequences which the calumnious statements of personages so august as the Duke and Duchess of SOMERSET would inflict on his character as a physician and as a man, and, while making ample allowance for the bitterness of feeling with which they could not but contemplate their sudden and irreparable bereavement, impressed upon the jury the necessity of vouchsafing to Dr. WILLIAMS reparation proportioned to the extreme gravity of the wrong inflicted upon him and to the deplorable consequences which the unrebuked practice of such wanton evil-speaking would have on the practitioners of the healing art in their relations with the public at large. Mr. HAWKINS then proceeded, on behalf of the Duke and Duchess, to offer the fullest retractation of the charges preferred against Dr. WILLIAMS, and the amplest apology for their circulation, and explained the intensity of the Duke's and Duchess's resentment by the poignancy of the wound which the sudden loss of their only son had dealt them. The Solicitor-General accepted the offer in a few graceful words; and Mr. Baron BRAMWELL having expressed his full concurrence in the course adopted by the defendants, a verdict was given for

the plaintiff—damages, five guineas. So terminated this memorable suit, wherein Dr. WILLIAMS has earned the gratitude of the profession for his vindication of conduct from which it is difficult to see how any other practitioner could have deviated.

Medical Annotations.

"Ne quid nimis."

THE PROPOSED CONJOINT EXAMINING BOARD.

THE Fellows of the College of Physicians, and the Council of the College of Surgeons, were specially summoned to assemble at their respective Colleges last Tuesday afternoon, to discuss the report of a Committee appointed by the Colleges and the Apothecaries' Society to consider the possibility of forming a combined examining and licensing board for England. No intimation of the nature of the report was given beforehand to the Fellows of the College of Physicians, but these gentlemen were asked to adopt at once a scheme which we have no hesitation in characterising as a most undesirable compromise, entered into in a hurry, and simply with the view of frustrating the intentions of Government as expressed in Lord De Grey and Ripon's letter to the General Medical Council.

The gist of the scheme is this; that the two Colleges and the Apothecaries' Society should appoint a joint board of examiners, to which the four English Universities should have the power of sending assessors, and that this board should guard the portals of entry to practice in England—leaving those desirous of University distinctions to proceed afterwards to take the higher degrees as may seem to them fit. The examiners in Medicine to be chosen by the College of Physicians; those in Surgery, by the College of Surgeons; in Anatomy and Physiology, by the Colleges of Physicians and Surgeons; in Midwifery, by these two bodies, and the Apothecaries' Company in addition; in Pharmacy and Medical Botany, by the Apothecaries' Company alone; and in Chemistry and Forensic Medicine, by the Apothecaries' Company and the College of Physicians. A board of supervision, it is suggested further, shall be constituted by the Presidents of the Colleges of Physicians and Surgeons and a representative from each of the universities and corporations. Each person who passes the examining board will be considered to have a double qualification; he may either take the licence of the College of Physicians and the membership of the College of Surgeons, or the membership of the College and the licence of the Apothecaries' Company; but, curiously enough, no such diploma is proposed to be issued by the conjoint board, but each successful candidate will be sent to the Colleges or the Hall, there to obtain his diploma, and to become affiliated with these corporations. It is evident, then, that the corporations are sedulously careful of their own constitution, and of the privileges which they now enjoy of nominating their own councillors to lucrative posts as examiners. We shall see that, in the question of fees, the astuteness of one of the corporations—we need hardly say the College of Surgeons—has also prevailed to secure the lion's share of the future income.

There are to be two examinations. The fee payable by each candidate is proposed to be £30, and it is presumed that there would be some four hundred candidates for examination annually. It is proposed to devote one-half of this sum to the payment of the examining board, and the expenses necessarily incurred in connexion with it, and the other moiety is to be divided into ninths; of which four-ninths are to be devoted to maintaining the museum of the College of Surgeons, and another two-ninths, (making altogether two-thirds of the entire sum), is to go to the College of Surgeons for general purposes. Of the remaining portion, two-ninths will be allotted to the College of Physicians, and one-ninth to the Apothecaries' Hall. Graduates of universities will be exempt from all but the final examination, and will pay a fee of five guineas for the licence to practise.

We object to the proposed scheme *in toto*, and on the following grounds. The corporations have shown over and over again that they are not to be trusted with the public interests; for, though apparently yielding when hardly pressed by public opinion, they invariably contrive to job their management if entrusted to themselves. The profession requires a single portal for admission to medical practice; but it does not require a gate guarded by three janitors, each pulling different ways, and each ready to sacrifice his fellow for the aggrandisement of his own party. The appointment of examiners never will be a fair one until it is placed in the hands of a perfectly independent body, such as the small Council we advocated last week, nor can the conduct of an examination be above suspicion until the examiners are deprived of all interest in the number of candidates passed. We object to the scheme of division of fees on the ground that the younger members of the profession ought not to be called upon to pay so high a fee, nor ought they to be bound to supply the College of Surgeons with funds to keep up its own Museum. It will be at once replied that Hunter's Museum is a national monument; if so, let the nation support it. But it is not really so; it is the sole evidence of any good work on the part of the College of Surgeons, and is supposed to represent the thousands of pounds paid into its coffers. Let the College of Surgeons economise, and devote its funded property to its proper uses; but let the practitioner of the future be free from an unrighteous impost.

Although the College of Physicians has, we believe, committed itself to a support of this scheme, it is not yet finally adopted; and we trust that the meeting of the General Medical Council may have some decided effect upon its adoption in its present form.

The Council of the College of Surgeons has approved the work of its own committee in its entirety, and it only remains to be seen what the Apothecaries' Company has to say to its decidedly hard bargain. Under the above circumstances, it is, perhaps, not surprising that the authorities of the College of Surgeons should have been anxious to postpone all public discussion upon the subject, as we have shown elsewhere.

ARMY MEDICAL SERVICE AND THE ARMY ESTIMATES.

A COPY of the Army Estimates for 1870-71 is before us. The first and most important thing which will at once strike medical officers is the fact that, for good or evil, the regimental system of medical administration is a thing of the past. No separate provision is made for staff and regimental medical officers in the present estimates. In the appendix, containing the details of the regimental pay and allowances of the different officers included on the establishment of a corps, the names of surgeon and assistant-surgeon are conspicuous by their absence. Even in the detail of the Foot Guards the same may be observed; but, on inquiry, we have been informed that the Guard regiments will continue to retain their medical officers on the strength of the regiment to which they belong. We have

also reason to believe that the so-called unification scheme will not have a retrospective bearing, but that all medical officers at present belonging to regiments will be permitted to remain in that capacity for five years; the new plan of administration being only made applicable to all new appointments. The difficulties attending the administration of the department on the double staff and regimental system were yearly increasing, and the hardships attending it were more especially felt by the officers composing the medical staff, whose time of home service was so short as to amount to a decided grievance. On the other hand, those officers who were so fortunate as to belong to corps almost exclusively engaged at home practically escaped foreign service. Great changes have ensued, and are still taking place, in everything appertaining to soldiering. The average service of medical officers with particular regiments has not of late much exceeded about three years, and on the present system they will be attached for at least the same period, if not longer; and there is no reason, we presume, why the term should not be renewable. Whatever may be the difficulties attending the transition period during which the memory of the old system is fading away, the ultimate advantages to the public service and the department itself will, in the opinion of many of its ablest officers, be great. It is many years since we first advocated its adoption. England is almost the only first-rate power in which the double system of medical administration has an existence. In America and Russia the medical services are modeled on a single system, and the medical, like every other scientific branch of the service, is a separate and distinct body.

The total cost to the nation of Vote 4, for the medical establishment and services, is £247,403, as against £258,025 in 1869-70, being a decrease of £10,532. The pay and allowances of the Medical Department at home and abroad amount to £214,179, as against £219,723 of last year; and the strength, exclusive of India, is 587, against 636. The post of Governor of the Herbert Hospital having been abolished, a saving is effected of £350. The head of the Department, charged with the duty and responsibility of the administration of medical and sanitary matters of our army scattered over the surface of the globe, enjoys the magnificent official salary of £1500 per annum, a sum probably less than most successful practitioners are making in civil life. The War Office solicitor gets from £1200 to £1500, with an extra £100 for travelling and petty expenses, and the assistant-solicitor from £800 to £1000 besides. A civilian member of the Army Sanitary Committee is still to draw his allowance of three guineas a day when employed, which we presume he must always be, as his income is calculated at £1200 per annum. A saving of £3000 has been effected in the cost of medicines, &c. Under the head of supernumeraries and reliefs, those medical officers in excess of the establishment are provided for until their absorption by the exigencies of the service.

THE NAVY ESTIMATES.

THE Navy Estimates put forth by Mr. Childers show a general reduction of about a million sterling, as compared with those of last year, which will, no doubt, be satisfactory to the members of the medical profession as tax-payers. Votes 8 and 12, which, as they relate to "medical establishments at home and abroad," and "medicines and medical stores," are of more strictly professional interest, show an increase and a decrease respectively. Thus Vote 8 has risen from £54,757 to £57,730, an increase of £2973; while Vote 12 has fallen from £79,300 to £73,150, a decrease of £6150. It must be remarked, however, that in the present estimates a sum of £6225 has been transferred to Vote 8 from Votes 1, 2, and 12 (wages, victualling, and medical stores), or there would have been a decrease in it also of £3252.

Taking the two great naval hospitals of Haslar and Plymouth first, we rejoice to find that, while the lieutenants are no longer provided for, and have, in fact, already been placed on half-pay, there is no provision asked for the captain-superintendents beyond six months' pay, which appears under another vote, where the remark is appended, "no successor will be appointed." It is thus evident that in a very short time the principal medical officer of each hospital will really be the head of his own establishment—a system which has worked well for years at the Melville Hospital, Chatham. The reduction of the establishment at Haslar Hospital, by the appointment of only one Inspector of Hospitals, has somewhat reduced the medical salaries at that establishment, which now stand at £3662; whilst at Plymouth, which requires only one deputy-inspector, and but three instead of four assistant-surgeons, the salaries amount to only £2765. At Haulbowline Hospital, Cork, the estimate for the staff-surgeon and assistant-surgeon remains as last year, whilst at the Yarmouth Hospital a reduction of £400 has been effected by the abolition of the non-medical office of agent or steward. At the Malta Hospital the office of staff-surgeon and medical storekeeper has been abolished, at a saving of £512; but the full pay of an assistant-surgeon borne on the books of her Majesty's ship *Hibernia* has been transferred to this vote from No. 1. So, also, at the Lisbon Hospital, where a surgeon has recently been appointed in place of an assistant-surgeon, the sum of £477 appears for the first time in the medical vote, having been transferred from elsewhere. At Jamaica a saving of £401 has been effected by the abolition of the office of surgeon and medical storekeeper, as at Malta; whilst at the Cape of Good Hope the assistant-surgeon's salary of £228 appears for the first time. At Hong Kong the office of surgeon has been abolished, at a saving of £319.

The Marine Infirmaries were diminished in number by the abolition of the Plymouth Infirmary last year, and the others remain *in statu quo*, except that in the case of the Chatham Infirmary the full pay of the surgeon borne on the books of H.M.S. *Pembroke* has been transferred for the first time from another vote.

Vote 12, for medicine and medical stores, is taken for £73,150, against £79,300 last year; the decrease is due, however, entirely to the payment of £9000 out of the funds of Greenwich Hospital for the maintenance of disabled pensioners at Haslar and Plymouth Hospitals, in accordance with the Greenwich Hospital Act of last year. Whilst the items "hospital stores" and "sick quarters," are reduced by £300 and £200 each, the cost of medicines and surgical instruments has increased from £8500 to £9500, still a very moderate sum, it must be allowed, for the whole of the navy. A saving of £1350 is effected in the "miscellaneous disbursements" of the medical service, but this is more than counterbalanced by an increase in the sum required for carrying out the provisions of the Contagious Diseases Act, which has grown from £16,300 to £20,000; still, if the work is well done, we should be the last to complain of the sum expended on this object.

The Navy Estimates afford no inkling as to the retirement scheme proposed by Mr. Childers, which is anxiously expected by all officers, whether of the military or civil branches. For this we must wait for Mr. Childers' own exposition; but we have reason to believe that if the Admiralty sees its way to giving all proposed in a scheme submitted to them by the Director-General of the Naval Medical Department, the medical officers, at least, will have little ground for complaint.

MEETINGS OF FELLOWS AND MEMBERS OF THE COLLEGE OF SURGEONS.

WE are informed that the determination of the Council of the College of Surgeons to allow meetings of the Fellows and Members within the College has been taken immediate advantage of by the forwarding to the President of a requisition, signed by over two hundred Fellows and Members residing in London and in some of the great centres of professional activity in the country, in the following terms:—

"*To the President of the Royal College of Surgeons of England.*

"Sir,—We, the undersigned Fellows and Members of the Royal College of Surgeons of England, request that you will forthwith summon a meeting of the Fellows and Members of the College, to discuss and consider the present position of the College with respect to probable legislation, and the formation of a single Examining Board for each division of the United Kingdom."

The formation of a single Examining Board for each division of the United Kingdom is evidently the question of the day, and it is obvious that the interests of the College and also of its Fellows and Members must be materially influenced by the legislation which is believed to be imminent. It appears to us, therefore, that no more suitable subject could have been chosen for the consideration of the first authorised meeting of the Fellows and Members of the College, and we do not anticipate that the President or Council will feel any difficulty in summoning the meeting requested by so numerous and influential a body of petitioners.

The requisition must necessarily be submitted to the consideration of the Council, and it was sent in to the Secretary of the College on Tuesday last, in the hope that it might be brought before the Council assembled that afternoon. It was said, however, that that meeting was a special one, called for a particular purpose, to which we have alluded elsewhere, and the subject will therefore not be taken into consideration until the 10th of March. In order that our readers may understand the entire bearing of the question, we append the report of the committee appointed by the Council to consider Section XVIII. of the College bye-laws referring to the meetings of Fellows and Members, which report was presented and adopted at the meeting of the Council on the 10th inst.

"Your Committee appointed on the 9th of December, 1869, 'to consider in what way facilities may best be afforded for holding from time to time, in the College, meetings of the Fellows and Members of the College in accordance with the provisions of the Bye-laws, Section XVIII.,' has held a meeting on this date, and has agreed to the following Report, viz.:

"That, in the opinion of your Committee, no other facilities are necessary for the occasional meetings of Fellows and Members of the College than that the Council should declare its willingness to convene such meetings from time to time, under Section XVIII. of the Bye-laws, when requested to do so for any specific and proper purpose by any considerable number of Fellows or Members, as the case may be, and that also the Council should recognise its power to convene any such meeting of Fellows or Members, when it sees fit, without requisition.

"That as regards meetings to be convened on the requisition of Fellows or Members, your Committee is of opinion that the number of requisitionists ought to be at least thirty, and that the propriety of the alleged purpose of the meeting should in each case be judged by the Council at its next meeting after the receipt of the requisition.

"And that your Committee recommends that any meeting of the Fellows or Members be held in the theatre of the College under arrangements to be made by the President and Vice-Presidents. "GEORGE BUSK,

"23rd December, 1869." "Chairman.

It will be remarked that nothing is said here about "special" meetings of the Council; it is only provided that the Council should judge of the propriety of the alleged purpose "at its *next* meeting." As the minutes of the last ordinary meeting were read and confirmed at this meeting, it is evident that it would have been competent for the President to bring forward the subject of the requisition; and we call upon Mr. Cock to explain to the Fellows and Members who signed the document why this was not done.

EQUALISATION OF THE RATES IN THE METROPOLIS.

WE have always been strenuous advocates of an equalisation of rates throughout the metropolis, as being the fundamental preliminary to an improvement in the administration of poor relief. We rejoice, therefore, in the important step which Mr. Goschen has proposed to take, whereby the larger part of the maintenance of the poor in workhouses will be repaid to local Boards of Guardians from the Common Poor Fund. Mr. Goschen has made a proviso, that in no case will the allowance be sanctioned where the number of inmates exceeds that prescribed by the Poor-law Board; nor will it be made in regard to children improperly maintained in workhouses. This admirable rule will certainly diminish, if not entirely do away with, the shameful overcrowding which is now so general. But it will give rise to a large expenditure in workhouses before many of the guardians will be able to make their claim upon the Common Poor Fund, unless, indeed, means should be taken for providing more adequate home-relief.

It seems to us that the arrangement for giving so much power to the Poor-law Board is open to very great objection. We are no admirers of the guardians, and, even as at present constituted, we should have greater confidence in the Poor-law Board than in their continued and exclusive mismanagement. Nothing can be worse. But that is scarcely an argument for transferring the responsibility to a mythical body which does not command the respect and confidence of the public. The Board has given no evidence of capacity to protect the Common Poor Fund from unequal and unjust demands. Nothing has been done to equalise the salaries of the officers; and whilst in some districts the cost of administering relief is as high as 30 per cent., in others it is less than 10 per cent.

We would strongly recommend Mr. Goschen to put his own house in order before assuming this new responsibility. He should study the constitution of the Army Medical Service, and inaugurate the several departments of Statistics, Economy, Engineering, Medicine, and Law, under responsible inspectors, and thereby give the public some guarantee that a less weak and vacillating supervision will be exercised for the future.

THE BIRMINGHAM UNION AND ITS MEDICAL OFFICERS.

WE shall watch with great interest the action of the Poor-law Board in regard to the medical arrangements for the town of Birmingham. It may be remembered that the guardians reduced the number of district medical officers last year from eight to five; and that so strong a protest was made by a large number of medical practitioners, and indeed by the Poor-law Board, that the latter has never thought proper to confirm the arrangements then made. Some time ago the medical officers addressed the guardians for increased salaries, in order that they might obtain assistants, it being admitted that they were neither able to do justice to the large number of patients they were required to attend, nor able to provide assistants out of the very moderate salaries of £200 per annum each; the more so as

this included the provision of drugs, attendance on midwifery, &c., without any extra fees. The salaries not having been sanctioned by the Poor-law Board, the guardians will be surcharged; and, unless Mr. Goschen gives way, the chairman and vice-chairman will probably have to pay the money themselves. We are informed that the guardians have sent for the medical officers, and told them plainly that, unless they were prepared to continue their work at the present salaries, they need not trouble themselves to apply again, as the appointments would be thrown open, and other persons would be found to accept the posts. We regret, also, to hear that the medical officers have succumbed to the pressure put upon them, and that the guardians have renewed their appointments, with even additional work, at the same salaries.

On the first glance it would seem all but impossible that five district medical officers should be able to attend the poor in so large and populous a town; and, by their own former acknowledgment, such was indeed the case. Their expression of satisfaction under the threat of removal must, therefore, be received with some suspicion; and we hope that an arrangement so manifestly faulty will not be countenanced by the Poor-law Board without the closest scrutiny. All that we require is, that the Poor-law Board should insist upon a reasonable compliance with its own articles and with the wishes of Parliament. It is provided that, as a general rule, 15,000 shall be the limit of population confided to the care of one district medical officer; and that the appointments shall be permanent. We should have recommended the adoption of dispensaries as being the best for all parties in a town like Birmingham, and we regret that Mr. Goschen has not the power of refusing his sanction to the payment of the portion of the medical officers' salaries derived from the Consolidated Fund; he would then be able to insist on their establishment in Birmingham, by a proceeding similar to that which has answered so well in London, and for the same reasons. Indeed, he might then enforce the dispensary system wherever he might think it advantageous.

THE EFFECTS OF OPIUM AND ITS DERIVATIVE ALKALOIDS.

AN interesting paper appears from the pen of Dr. W. Mitchell, in the last number of *Hay's American Journal*, on the effects of these substances, chiefly derived from experiments on birds, a class of animals that, as is well known from the previously recorded observations of Dr. Mitchell, corroborated by Dr. B. W. Richardson, present remarkable powers of resistance to their action. He compares his results with those of Bernard, Baxt, Harley, and others, and states the following to be the conclusions at which he has arrived. 1. Birds—namely, ducks, chickens, and pigeons—are never poisoned by crude opium, its aqueous extract, or acetum opii (blackdrop) given internally, while the salts of morphia must be given in enormous doses to produce fatal effects when administered in the same manner. 2. Morphia salts, used hypodermically in excessive amounts, never cause sleep or stupor, but act as excitants (convulsants) upon the motor centres. In some instances the spasms are tetanoid in character, but in the duck they approach nearest to the typical strychnic spasm. 3. Thebaia is a tetanising agent, only inferior in energy to strychnia and brucia. Narcotina, almost inert in man, destroys birds when employed hypodermically in doses of from two to seven grains. Codeia is a fatal convulsing agent in birds (pigeons). Meconium causes emesis when given internally, and is harmless if placed under the skin. Narceia has no perceptible influence, except to disturb slightly the respiratory function. The newly-discovered alkaloid crytopia, in doses of from one-fifth to half a grain, has no effect. None of these agents cause sleep in the pigeon, duck, or chicken. Opium and morphia are very slowly absorbed by pigeons, and to this circumstance Dr. Mitchell attributes in part the immunity they experience from the injurious action of those compounds; but he was unable to satisfy himself that the activity of the respiratory function in these animals had any share in their protection.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE list of papers to be read before this Society was never, we imagine, in a more impoverished condition than at present. The meeting of the 8th inst. literally made a *tabula rasa* of the nine promised contributions. The credit and scientific solvency of the Society has been saved, however, by a veteran supporter, Dr. Robert Lee, who has announced "An Inquiry into the Nature, Origin, and Treatment of Hysteric Disease," which will, no doubt receive due attention, and may possibly demonstrate that the present Society is not without elements wherewith to found a gynæcological section.

Seriously, the dearth of papers merits the attentive consideration of the Fellows of the Society and of its Council. It means either that the Fellows as a body care little to lay before it the results of their studies and experiences, or that they find other societies more congenial to them. It is certain that the cliquism displayed for many years past by the Council of the Society in the selection of papers for the Medico-Chirurgical Transactions deters many from risking the refusal of a paper, which they therefore read before the Clinical or some other Society, where they are not exposed to the same influences. It would be well if the Fellows would bear these unpleasant facts in mind at the next annual meeting.

We would suggest an alteration in the practice of the Society which might prevent the occurrence of a dearth of papers in future years. It is well known that towards the close of the session numerous papers are sent in which it is impossible to read *in extenso* for want of time, and which are, therefore, read in abstract or taken as read on the evening of the last meeting. If it were enacted that every paper must be read *in extenso*, and that those not so read should be held over to the following session, it would enable the Society to discuss many valuable essays which are at present summarily dismissed, and would relieve the officers from the necessity of beating up recruits at the commencement of every session.

THE EDINBURGH COLLEGE OF PHYSICIANS.

THE Edinburgh College of Physicians is at once the most unfortunate and the most fortunate of the corporations. It became at the passing of the Medical Act of 1858 most solicitous about those members of the profession who, whatever their medical reputation and abilities, were without medical qualifications in the technical sense. It threw open its arms simply to receive these gentlemen—chiefly, as the College thought, Scotch practitioners who held the creditable diploma of the Edinburgh College of Surgeons, which involved an examination in medicine, but, under the sharp definition of qualifications resolved on by the corporations, conferred no legal power to practise medicine. Nothing could be more considerate and kind, and apparently disinterested; when, to the embarrassment of the College, English apothecaries, with as good a medical qualification as the College itself could give, and English surgeons, who had never been examined in medicine at all, rushed down to Edinburgh, or rather sent down cheques and testimonials, requesting to be made Licentiates of the

College. The College, with its tender and traditional regard for the general practitioner, could not refuse the numerous claimants. But it had to act alone. The London College would not act with it. Overtures to the London College to act similarly were, unfortunately, not reciprocated; and so it befell that the Edinburgh College had the whole case of the general practitioners of the country to deal with alone, and in doing so it incurred the censure of the profession, of the public, of some of its own Fellows, and apparently also that of its London sister, by its proceedings. This was a truly unfortunate position for a high-minded College of Physicians. The College has set it forth again by a republication of an explanatory minute of the Council, which it published in 1859. It has been impelled to this by some remarks of our own, it would seem, or of Professor Syme, which showed that in taking this bold and painful course it made £10,000 in one year, without having to pay anything of this handsome sum to examiners. This is the fortunate element in the College's case. But we will not congratulate it. It is always an awkward thing for either Colleges or individuals when they have to take an isolated difficult course, which similar Colleges or individuals refuse to take, and by taking which they make £10,000 with no trouble, and no exertion of their peculiar function. The College finds some consolation in an article of our own, written without perfect knowledge of the great grace which it had exercised, and the great difficulties with which it had to contend, and appends this to its republication of the minute referred to. We will not begrudge it any comfort it may get out of this article, and will try to believe that in its future history it may achieve another act as gracious in the interest of the general practitioner which shall not have the awkward quality of involving the addition of £10,000 in one year to its own coffers.

THE POLICY OF HAVING FEW PUBLIC VACCINATORS.

WHAT can be the explanation of so large a disproportion of births and vaccinations in Mile-end, as has been brought to light by the prevalence of small-pox there? We are disposed to think that it will be found in the fact of a huge disproportion between the population to be vaccinated and the public vaccinators who have to do the work. Out of 1715 births occurring in six months only 731 vaccination papers had been received. This startling statement surprised us less than it would have otherwise done but for two considerations. Firstly, we have always thought that experience would show the unwisdom of the reduction of the number of public vaccinators, which has been a favourite policy of the Privy Council in carrying out the Vaccination Act. Secondly, we knew, as a matter of fact, that vaccination in other parts of London was far less extensively practised by the reduced number than by the larger number who preceded them. In Islington, for a population of nearly 200,000, there are but four public vaccinators, where there used to be eight; and we have been informed that some of these, instead of doubling the numbers they used to vaccinate, vaccinate little more than a half. On hearing of the state of matters in Mile-end, we immediately bethought ourselves of the above explanation. We have been kindly favoured with the following information as to the vaccination arrangements at Mile-end, which confirm our opinion:—The public vaccinators at Mile-end have, at the suggestion of the medical adviser of the Privy Council, been reduced to two, eastern and western, corresponding with the registration districts. The population of the first district in 1861 was 39,317, of the second 33,747. The present population of the two districts is estimated at 87,000. This is a fine field for two vaccinators. In the Holborn Union, again, there were formerly three public vaccinators. At the instigation of the Privy Council these gentlemen have been dismissed, and one other gentleman has been appointed. It is not only that the public vaccinators cannot do an impossible amount of vaccination, having private practice and other Poor-law work besides vaccination to do; but that there is a great amount of prejudice amongst the poor against the Act, which is best overcome by the medical man or men of their immediate district. This personal element is of immense importance at the present time. Similar changes have just been made in the Holborn Union. Three public vaccinators have been discharged, and one new public vaccinator has been appointed. We urge upon the Privy Council to reconsider the policy of having so small a number of public vaccinators. The principal reason for this policy was that it was expected to afford a steadier and larger supply of lymph. Even this argument is a very doubtful one, and in one of the districts above alluded to scarcity of matter is very much complained of.

BANQUET OF THE PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS OF IRELAND.

THE proverbial hospitality of Dublin was displayed with brilliant effect on the evening of Saturday, the 19th inst., when his Excellency the Lord Lieutenant and a large and distinguished company dined in the Hall of the Royal College of Surgeons, at the invitation of the President, Dr. Rawdon Macnamara. Besides the Government, the Legislature, and the sister services, the Church, the Bar, and the Medical Faculty were represented by numerous gentlemen of high professional standing—all assembled to evince their cordial interest in the welfare of the College, and their admiration and respect for its President. The chair was occupied by Dr. Macnamara, who proposed, after the wonted loyal toasts, that of his Excellency the Lord Lieutenant, whose reputation had conciliated, and whose personal popularity had confirmed, the genuine attachment of the people of Ireland. The Lord Lieutenant expressed his deep gratification at the evidences everywhere afforded him of the enhanced prosperity and influential recognition of the great Medical School of Dublin; and—echoing the hope of the President, that ere long the Prince and Princess of Wales, attired in the beautiful colour of the island, would gladden the hearts of all Irishmen by repeating the visit they had already vouchsafed,—his Excellency proceeded to draw most favourable augury for the future of the country and its people, and concluded by proposing the health of Dr. Macnamara, under whose presidency one of the most distinguished of Irish institutions still worthily sustained its historical and world-wide reputation. The President rose, amid loud and prolonged cheering, to tender his acknowledgments, in the course of which he traced the early vicissitudes and the continued advance of the College, which, bound up as it was with the best interests of Dublin, was keenly alive to all such munificent benefactions as that of Lord Powerscourt, who had thrown open to the citizens his beautiful demesne, and whose health, in conjunction with the toast of the House of Lords, he concluded by proposing. Lord Powerscourt responded in excellent form; and the toast of the House of Commons, also proposed by the President, was replied to by Dr. Brady, whose services in the cause of medicine had evoked the heartiest recognition. The Irish Bench, the Army, and the College of Physicians were among the other toasts which gave peculiar play to the felicity of thought and language for which the after-dinner oratory of the sister island is celebrated, and prolonged to a late hour an entertainment

which, enjoyable in every respect, owed much of its success to the genial expansiveness and intellectual resource of its Amphitryon, Dr. Macnamara.

ADDRESS TO DR. M'DOWEL.

AT a late meeting held in the theatre of the school of Physic, it was resolved unanimously,—"That an address and a suitable testimonial be presented by the students, past and present, of the School of Physic, to Dr. B. M'Dowel, on the occasion of the termination of his clinical connexion with Sir Patrick Dun's Hospital."

THE ROYAL SANITARY COMMISSION.

THE First Report of the Royal Sanitary Commission has just made its appearance. It contains the evidence of seventy witnesses, taken by the Commission in the interval from April to the beginning of August last, but no report other than the formal one stating that the inquiry is being continued. The only remark we have to make upon this first outcome of the Commission's labours is that, while some of the witnesses who have been examined are men whose opinions on sanitary matters will be received with respect, to not a few the poetical reference once made to certain substances enshrined in amber seems applicable.

LOCAL APPLICATION OF DIGITALIS IN ORCHITIS.

IN our last number we made some observations on the doubtful propriety of treating cases of orchitis by means of incision. We observe in the last part of the *Bulletin Général de Thérapeutique* a note from Dr. Besnier, of the Hôpital Lariboisière, to the editor of that journal, in which he states that, having frequently seen M. Debout employ digitalis with success as an outward application in cases of hydrocele of the tunica vaginalis, he has adopted the same plan in cases of orchitis, however produced, and the results obtained have been such as to warrant further trial. The mode of procedure adopted has been the following. The invalid is kept at perfect rest, with the scrotum conveniently raised and constantly surrounded with compresses soaked in a concentrated infusion of the leaves of the digitalis. The infusion may be either warm or cold, as may best suit the feelings of the patient; but, under any circumstances, the compresses should be kept constantly moist. A covering of oiled silk may be placed over all.

DR. BRADY'S SUPERANNUATION BILL.

WE request the attention of our readers to Dr. Rogers's letter on the subject of the Bill which Dr. Brady will introduce into the House of Commons for the purpose of enabling guardians to give a superannuation allowance to Poor-law medical officers. It is, indeed, most important that those gentlemen who are beginning to feel the burden and toil of Poor-law service should come forward and state that they would gladly relinquish their posts if some provision of an equitable nature could be made for them. It should not be forgotten that by stating their wishes now, they will help to obtain the means of realising them ere long. In introducing the Irish Bill, so successfully carried last year, not only was Dr. Brady supported by the profession generally, but he received valuable assistance from the Colleges of Physicians and Surgeons of Ireland, and from the executive of the Irish Poor-law Board. We hope that the English colleges will emulate so good an example, and that Dr. E. Smith and Dr. Bridges will use their best efforts in favour of the English Bill.

DR. MAUDSLEY ON THE RELATIONS BETWEEN BODY AND MIND.

THE first of the Gulstonian Lectures for the present year will be delivered at the Royal College of Physicians, on the 11th of March, by Dr. Maudsley. His subject will be the "Relations between Body and Mind, and between Mental and other Nervous Disorders," and we have pleasure in announcing that the lectures will appear in our columns.

UNIVERSITY COLLEGE HOSPITAL.

THE annual festival dinner of this hospital, which is urgently in need of funds, took place on Wednesday last, under the presidency of Alderman Sir James C. Lawrence, Bart., M.P., the late Lord Mayor. A sum of £1300 was realised for the charity.

TESTIMONIAL TO DR. EVANS.

WE hear from Birmingham that a movement has been set on foot for presenting a testimonial to Dr. Evans, consulting physician to the General Hospital, as a mark of the high estimation in which his long and eminent public services are held by his fellow-citizens. The first meeting called seems to have been purely medical; but to the second, gentlemen unconnected with the profession were invited. The third was public, and was held under the presidency of the Mayor of Birmingham. A considerable subscription-list has already been announced.

WE insert elsewhere a letter from a correspondent at the Cape, in which reference is made to the commendation we bestowed, in a previous number, on the active and wholesale measures which had been taken to prevent the spread of scarlet fever on board the *Orontes*. The questions asked by our correspondent imply that these steps were only taken after a large number of passengers had been received on board, without any attempt being made to disinfect the ship from the epidemic which had already made several victims during trips immediately preceding. Private information has also reached us that the alleged neglect was persisted in, in spite of the urgent remonstrance of medical officers at the Cape. If such be the case, the conduct of the responsible authorities has been the reverse of creditable, and we shall be compelled to retract our praises.

THE Council of the Royal College of Surgeons, Ireland, at a meeting held on the 17th inst., appointed Edmund W. Davy, A.B., M.B.T.C.D. (Lecturer on Chemistry, Carmichael School of Medicine, and Professor of Agriculture to the Royal College of Science), to the Professorship of Medical Jurisprudence. The candidates for the vacant post, formerly held by the late Dr. Geoghegan, were, we understand, seven in number, but did not reckon among them an authority on this important branch of medical knowledge.

THE Committee of the British Association on the Treatment and Utilisation of Sewage have issued a statement of the results of their application to local authorities for contributions towards the expense of their inquiry. The local subscriptions amount to £786, a sum sufficient to justify the commencement of the inquiry, which, however, could not be carried out to its proper extent without further help. The Committee, therefore, have determined to make the facts of the case known as widely as possible, in the hope, no doubt, that those who have been backward hitherto will no longer withhold their support.

GOOD service would be done by any persevering Member of Parliament who would make it his business to elicit explanations of the causes which so frequently retard the

publication of official reports. Here is the Second Annual Report of the Irish Registrar-General just delivered, and on opening it we find that it relates to the year 1865! Of what use it can be to spend public money in printing such a document as this so long after date we cannot imagine.

WE understand that a new scheme for the payment and pensions of the naval dispensers who are employed in their duties at the several naval hospitals, is about to be promulgated, and that the necessary additional funds for the purpose are included in the Navy Estimates of the year. It is intended that, for the future, all candidates for these posts shall have passed the examination of the Pharmaceutical Society.

THE epidemics of small-pox and scarlet fever which have recently occurred in the *Britannia* training-ship for cadets, at Dartmouth, are, we learn, of the mildest type; and abundant sick quarters appear to be provided on shore for both the sick and the convalescent. An epidemic of mumps has occurred in the *Illustrious* training-ship for boys at Portsmouth; but this complaint, though painful, can scarcely be regarded as serious.

ON Friday, the 18th inst., the Town Council of Edinburgh resolved, by a majority of 22 to 15, not to interpose in the matter of the Infirmary Bill now before Parliament.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1870.

ROYAL COLLEGE OF PHYSICIANS.

THURSDAY, FEBRUARY 24TH.

THE General Medical Council met on Thursday last, at the College of Physicians, at 2 P.M., for the despatch of business. Dr. George Murray Humphry was introduced, and took his seat in the Council as the representative of the University of Cambridge.

The PRESIDENT, in opening the proceedings, said: You are aware, of course, of the cause that has made it necessary to call you together at this time, very little more than seven months since our last session, and at a season of the year which I am well aware is very inconvenient to many. However, the numbers that have assembled, with those who we know will be here presently, prove, if proof were needed, that you set your public duty before your personal convenience and private advantage. There will be presently only one member absent; the whole Council will be assembled with one exception. That exception is very much to be regretted, because we shall lose the advantage of the judgment and experience of Dr. Christison. His absence is the more to be regretted, because the cause is recent illness. He has been confined to his bed, but I am happy to say, that this very day, when I arrived in London, I found a letter from him, dated yesterday, in which he says he is well enough to go about his work in the morning, but is not equal to the long journey from Edinburgh to London at this time of the year. He takes a very great interest in the proceedings of the Council, so that I doubt not we shall have letters from him, although he may not be present to-day. I hope that every one of you has received a copy of the communication from the Lord President of the Council, and I hope that you will justify me in taking the unusual course of having that letter printed and sent to every member of the Council. That communication is not only important, but much of it appears to me most satisfactory—satisfactory to this Council and to the medical profession at large. It accedes to our request and to the general desire of the profession for government legislation and amendment of the Medical Act. It offers to undertake the settlement of complicated and much agitated questions—questions which, in the opinion of many others besides the Lord President, involve the credit of the profession, and the confidence, and perhaps the welfare, of the public. Moreover, in the whole tenor of this communication and in express words, it does recognise the great public interests that are concerned in the efficiency of the medical profession, and it would be ungracious, I think, not to acknowledge that the letter manifests a friendly feeling towards this Council, and a willingness to help us in the effectual discharge of the most important and most difficult of our duties. Of the other business that we may expect this session I shall say nothing except one word of acknowledgment to the President of the Committee for conferring with the licensing bodies on professional education; for I know how great and how zealous have been his labours during the recess. I will not set a bad example by making a very long speech. I hope this session will be a short one.

The usual committees having been appointed, the following communication was read from the Lord President of the Privy Council:—

Medical Department of the Privy Council Office, Feb. 2nd, 1870.

SIR,—I am directed by the Lord President of her Majesty's Council to state to you that, since his recent interview with the Executive Committee of the General Medical Council, and with the assistance of such information as you were then good enough to lay before him, he has given further and most careful consideration to the question of an amendment of the laws relating to the medical profession.

The Lord President, as you are aware from the letter which, by his Lordship's direction, I had the honour of addressing to your official predecessor, Dr. Burrows, on the 14th of May last, would have the greatest pleasure in finding himself able to co-operate with your Council in any course tending to promote the development of the medical profession; but could not, on the part of her Majesty's Government, bring before Parliament any Bill purporting to be for amendment of the Medical Acts, unless he believed it substantially to cover all the ground where amendment of those Acts is called for, and likely, in consequence, to be for some time a settlement in that branch of legislation.

Now, the Lord President's further consideration of the system under which candidates are at present admitted to legal qualification for practice has greatly increased the misgivings with which his Lordship expressed himself on that subject in his former communication to your Council; and the Lord President thinks it certain that no new legislation could have in it a fair prospect of permanence, or could, even for the time, be satisfactory to the profession and the public, unless it effected, or promised to effect, some very considerable improvement in that system.

That examinations for admission to the Medical Register are held by many mutually independent and in great part competing Corporations, and that each Examining Board has its own separate set of conditions for admitting candidates to examination, is the system which now exists under supervision by your General Council; and whereas the Lord President's former communication adverted to some of the evils which are prevailing under that system, other evils incidental to it, and the obstacles which, in the present state of the law, delay such evils from being remedied, are abundantly shown in papers which you have communicated to his Lordship, and in other representations which have reached him.

The Lord President doubts whether the present system, under any practicable kind of supervision, can either work satisfactorily for medical education, or can provide adequate and uniform security for those great public interests which are concerned in the efficiency of the medical profession.

His Lordship is persuaded that doubts like these could not fail to be pressed in any Parliamentary discussion of the Medical Acts: doubts, particularly, whether the conditions under which the candidates are admitted to examination, with a view to minimum qualification for practice, ought not to be expressed in a single code of regulations common to all Examining Boards of the United Kingdom; and whether, similarly, a more or less consolidated examining authority ought not to be substituted for the many separate Examining Boards which now act under your General Council in giving admission to the Medical Register.

The Lord President believes that opinions adverse to the present system are very generally entertained in the body of the medical profession by persons who may be regarded as competent and impartial observers; and that some of the most important public bodies concerned with the constitution of the profession have recorded resolutions in a like sense, and are even endeavouring to amend the working of the system by voluntary arrangements with one another.

The Report, moreover, which you brought under the Lord President's notice, as recently made to your Council by a Committee specially appointed to consider the subject of medical education, expresses itself in terms so unqualified as to an urgent necessity for consolidation of examining authorities, and as to the general grounds on which that necessity rests, that the Lord President regards this question as presumably ripe for decision.

The recommendation of the Education Committee of your Council is, that, "leaving to the Universities and Corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should endeavour to effect such combinations of the licensing bodies included in Schedule (A) as may form a Conjoint Examining Board for each division of the kingdom, before which every person who desires a licence to practise should appear, and by whom he should be examined in all subjects"; and your Executive Committee (referring to the possibility that such consolidations might not be adopted on mere recommendation) represents to the Lord President that, "in the opinion of many members of the Council, the Medical Act is deficient in not granting compulsory power to effect such amalgamations of Examining Boards as may seem desirable."

Accordingly, in view of all the circumstances, the Lord President would not be willing to submit to Parliament any proposals for amending the Medical Acts in such minor respects as were touched by the Council's Draft Bill of last session, unless he were, at the same time, in a position to propose larger improvements in the present system. But if it be the wish of your Council that legislation in this larger sense should be asked for, particularly such legislation as your Executive Committee seems to have in

view, the Lord President would hope to be able to propose to Parliament a Bill to give effect to such intentions.

The Lord President therefore directs me to request that you will have the goodness to take the sense of the Council on this question. And I am also to state to you that his Lordship would have little hope of carrying any measure in this next session of Parliament, unless he were enabled to introduce it without any considerable delay.

I am, Sir, your obedient servant,
(Signed) JOHN SIMON.

To the President of the General Council of Medical Education, &c.

Dr. BENNETT said that the Lord President's letter would constitute the most important part of the business of the Council during the present session, and the Council would, no doubt, be anxious to take it into consideration at the earliest possible period. It would not, he thought, be possible to consider it that day; but he proposed that it should take precedence of all other business on Friday.

Dr. STORRAR seconded the motion.

Dr. ALEX. WOOD: Mr. President, you have expressed a hope that the Council would think that you did rightly in calling us together at this inconvenient time, for the purpose of considering so important a communication as that just read. I think that I will express the feelings of every gentleman at this table when I say that in our opinion no other course was open for you to follow than that which you took; but I doubt very much the expediency of what is now being proposed. Considering that we have been summoned at what every one must admit to be a most inconvenient period and for a special purpose, I think we should devote our whole time at this sitting to the discussion of that business, and anything else which cannot brook delay. I do hope that it is not intended that we should sit here and exhaust the whole of the very bulky programme which has been put before us. Our programme of business never looks very large on the first day, but it has a fearful tendency to dropsical swelling during the sitting of the Council, and comparing the present with other programmes that we have had, it promises us a longer sitting than we generally have. I do not think that will at all suit the convenience of the members of the Council at this time of the year. I therefore trust that without delay we shall consider the communication from the Government. I do not see what we can gain by postponing it till to-morrow. We have all had it before us, and I think we might very well proceed to the consideration of it to-day. I further suggest that as there are no committees except what may be called standing committees, we might meet at an earlier hour to-morrow and Saturday, so as if possible to dispose of all business which is really urgent and pressing by Saturday night, and thus allow those of us who have come from a distance to return to our homes on that evening.

Dr. Bennett's motion was then put and carried.

Dr. ALEX. WOOD proposed that the Council should meet at one instead of two o'clock, and that the standing orders be suspended for that purpose.

Dr. ANDREW WOOD seconded the motion, which was carried.

A communication was read from the President and other officers of the Medical Reform Union. The document is as follows:—

To the General Medical Council of the United Kingdom.

MR. PRESIDENT AND GENTLEMEN,—When we had the honour of being received by you as a deputation, in July last, to present a memorial from the members of the medical profession concerning the amendment of the Medical Acts, 5200 registered practitioners had signed that document: 4524 signatures have since been added to it, so that at present the number of assents is 9724, a considerably larger number, we have reason to believe, than has ever been appended to a similar document in the history of the medical profession.

The events of the last few months have proved that our memorial represents the feelings and wishes of the medical profession, throughout the United Kingdom, in a still greater degree than is implied by the number and character of the signatures.

At the close of your late session we were favoured, through your registrar, with copies of the report of your committee appointed to consider the amendment of the Medical Acts; and we had intended submitting to you some observations on that report, on the approach of your ordinary session.

It having come to our knowledge that a special meeting of your Council has been convened to consider matters bearing intimately on the proposed amendment of the Medical Acts, and it being evident from your committee's report, already referred to, and from the resolutions of your Council (July 12, 1869) founded on that report, that the prayer of your 9724 memorialists, whom we are deputed to represent, has not yet produced the desired effect upon you, we are anxious to rectify any existing misapprehension which may be possibly due to the brevity of the explanations offered on your invitation at the personal interview of July last.

We take this opportunity of tendering our sincere acknowledgments of the patience and courtesy with which our remarks were listened to by your Council at the interview just referred to. We deemed it unadvisable to add to the length of your sittings by speeches; and we were under the impression that the memorial was so clearly though tersely expressed, that the wishes of your petitioners could not be misunderstood.

Under existing circumstances, we respectfully beg your attention to an explanatory statement.

The present system of granting licences to practise finds so few defenders, that the prayer of your memorialists for its abolition can scarcely fail to be successful. We deem it necessary, however, to call your attention to the fact that your petitioners do not only pray that an end be put to the present system of examinations for licences to practise, which distracts students, fails to protect the honour of the medical profession, and is opposed to scientific unity and to the best interests of the public; but your petitioners furthermore pray that the one legal qualification to be hereafter granted to candidates for admission into the medical profession, shall only be granted on proof being given, by a high standard of examination, that the applicant for the licence does really possess a competent scientific and practical knowledge of medicine and surgery.

We are convinced that any alteration of the present system would fail to satisfy your 9724 memorialists, if it aimed at protecting and consolidating the interests of the Corporations which now grant licences to practise, in preference to promoting the real interests of science, of the profession, and the public. We hold these interests to be identical, and we submit that they have hitherto suffered very seriously, in consequence of the line of action pursued by several of the licensing bodies.

We beg to quote your Resolutions Nos. 3 and 4, of July 12th ult., on the Report of your Medical Acts Amendment Committee:—

"(3) That having carefully considered the objects of the Medical Act of 1858, and the constitution of the Council appointed under that Act to carry out its objects, the Council are of opinion that, for the purposes of the existing Act, the present Council is essentially well constituted.

"(4) That the Council are of opinion that if the Legislature should think proper to invest the Council with extensive powers and fresh duties, by which the profession at large would be brought more under the direct influence of the Council; then in that case the profession at large should have more direct influence in the appointment of members of Council."

You agree with your petitioners in thinking that the existing Medical Acts need amendment, and even if it be conceded that for the purposes of the existing Medical Act the present Council is essentially well constituted, it does not follow that the present constitution would be adequate to carrying out the objects of an amended Act. It is generally conceded that the present Council is defective in power, and we take your Resolution No. 4 to be an admission of the justice of our prayer, that provision be made in a new Act of Parliament for the representation in the Council of the general body of practitioners of medicine and surgery, who are now, for the most part, deprived of any professional franchise.

At present the Corporations are dominant in the Council. We feel that we are giving expression to the wishes of the memorialists when we urge that an amended Medical Act should give full power to the Medical Council to govern the Corporations as well as the profession. Such a Council could only command the respect of the profession and the country, by being representative of the profession, and responsible to Government and to public opinion.

We are not unmindful of the good which the medical corporations have wrought, and we shall be glad to see an amended Medical Act so framed as to enable them to devote their resources to the advancement of science and to the lasting interests of the profession. Our present duty is to convey to you respectfully, but very candidly, the conviction of the memorialists that, in framing an amended Medical Act, the first interests to be considered are the interests of the public and of the profession.

Should you desire any further explanation of the object and intention of your memorialists, we shall be happy to furnish it.

We enclose a duplicate of this communication, with a copy of the memorial, requesting that you will do us the honour of forwarding them to the Lord President of her Majesty's Most Honourable Privy Council, on the first occasion of your communicating with his Lordship touching the amendment of the Medical Acts.

We have the honour to be, Mr. President and Gentlemen,
your very humble servants,
BELL FLETCHER, President of the Medical Reform Union.
SAMPSON GAMGEE, Vice-President.
ARTHUR OAKES, Treasurer.
D. C. LLOYD OWEN, Secretary.

Birmingham, Feb. 21st, 1870.

Mr. CESAR HAWKINS inquired what the Medical Reform Union was.

The PRESIDENT said he believed it was an association whose head-quarters were at Birmingham, from which place the communication was dated.

Dr. AQUILLA SMITH suggested that the Council should proceed to its next business. ("No, no.")

Dr. STOKES thought that the tone of the communication was unjustifiable.

Dr. ANDREW WOOD thought the Council would be acting very unwisely if it did not receive memorials from the profession with every mark of respect, and he hoped that the communication would be entered on the Minutes.

Dr. FLEMING thought that the Council ought not to incur needless expense in swelling the Minutes, and said he thought it would be sufficient to inform the memorialists that the communication had been received by the Council.

Dr. EMBLETON reminded the Council that the memorial was from nearly half the members of the profession.

The PRESIDENT said it was only signed by four gentlemen, who formed part of the deputation that waited upon the Council last year. The communication only arrived on the previous day, and he (the President) knew nothing of it until it was read by the Registrar.

Dr. EMBLETON said he believed that the prayer of the memorial was supported by 9000 members of the profession.

The PRESIDENT said there was no evidence before the Council that the communication had been submitted to any but the four gentlemen who signed it.

Dr. QUAIN said he hoped the Council would print the document, otherwise they would be open to all sorts of observations.

Dr. Fleming's amendment was then put to the Council and rejected; and it was resolved that the communication be entered on the Minutes.

The Scheme for Conjoint Examining Boards, &c.

The Report of the Committee appointed by the Council to confer with the licensing bodies on the Education Report was presented to the Council. This Report states that the attention of the Committee was particularly directed to the suggestion that conjoint examining boards should be formed in each division of the kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined in all subjects, any higher degrees being optional, and taken afterwards. Answers were requested on this point in December last, the other parts of the Report being left for further and separate consideration. The replies of thirteen of the licensing bodies are contained in the Appendix, and those of five, which arrived late, have been printed separately in an addendum to the Report. The points raised in the Report of the Education Committee referred to matters either of examination or of teaching, and both these have been dealt with in the various replies received. The most important concerns

(A) *Examinations.*—All the English bodies have replied to the question of conjoint examining boards, and we are told that "it is satisfactory to find how much unanimity exists. The carefully-expressed answers of the Universities of Oxford, Cambridge, London, and Durham, and the decided resolutions of the Royal College of Physicians of London, and of the College of Surgeons of England, in favour of such Boards, are decisive evidence of the opinion which prevails in England." It is anticipated that a scheme will be submitted to the Council for carrying out the formation of a conjoint Board for England.

The case is different with Scotland. The University of St. Andrews "awaits some definite proposal on the question of a joint examining board for England, Scotland, and Ireland, before giving an opinion on a question which seems to present many practical difficulties." The Faculty of Physicians and Surgeons of Glasgow "are of opinion that no person should be placed on the Medical Register who has not studied and been carefully examined in all subjects embraced in a prescribed curriculum; and if this object were secured by a clause in an amended Act, the Faculty see no necessity for disturbing the arrangements which at present exist in Scotland," but "are not averse to a calm, unbiased, and comprehensive consideration of the subject." The University of Edinburgh oppose the formation of conjoint examining boards (we gave the reasons last week), and think that all that is needed in the way of reform may be secured by giving greater powers of supervision to the General Medical Council. The Royal College of Physicians of Edinburgh "are fully alive to the importance of endeavouring to institute a system whereby equality in examination may be brought about. This subject is, however, of such importance that the College is not at present prepared to enter upon its consideration." The College of Surgeons of Edinburgh believe, in regard to the scheme for the formation of a conjoint examining board, that "careful investigation into the bearings of the case demonstrates it to be a certainty that great and unmerited injury would be inflicted on important and time-honoured institutions by the change, without corresponding advantages accruing to the student, the profession, or the public.....Students would cease to aspire to the acquisition of additional qualications, and the practical result would be to degrade men to one common level, and that not a high one, instead of stimulating them to aim at what are at present considered the higher qualifications of the profession.....A generous rivalry among the different corporations to make as complete as possible the education of their licentiates, with adequate check, seems to this College better calculated to fulfil the objects contemplated.....If the inspection of examining boards, as hitherto instituted by the Medical Council, is not deemed sufficient, the systematic inspection by a board appointed and paid by Government would tend to secure efficiency and uniformity." Further, this body denies the existence of alleged abuses, and thinks that the formation of a single board in Scotland would cripple, or it may be destroy, the universities and corporations. The University of Aberdeen calls the scheme "revolutionary." The deficiencies of the present system of admission to the profession are found to be the existence of incomplete, or half qualifications, the student being compelled to go oftentimes to two boards for his medical and surgical qualifications; and the fact that boards conferring the right to practise are too numerous. These objections the University thinks do not apply to Scotland, but to England mainly; and if the boards which give only incomplete qualifications were to combine, "a board would be formed in each division of the kingdom conferring a complete qualification, and the number of licensing bodies would be considerably reduced." The proposed board is objectionable in the interests of the corporations, since it would discourage graduation or lay an additional burden on the University graduate.

With regard to opinions of the Irish licensing bodies—the University of Dublin thinks that, in order to secure equality of examination standards, there should be only one examining board for the whole kingdom, rather than one for each division of the kingdom; and that this board should hold its examinations successively in London, Dublin, and Edinburgh. That no candidate should be admissible to examination of the general board who has not previously obtained a licence to practise from one of the licensing bodies. Thirdly, that no person should hold an appointment as medical officer in the public services who had not passed the examination of the general board, conducted in the same manner as the present examinations for the Army and Navy Medical Services; and that the best answerers should be appointed to vacant places as they occur. The Irish College of Surgeons agree that the present "inequality of the examinations for the licence" is "a great evil," but "cannot bring themselves to believe that the suggestions of the General Medical Council will remedy matters." The King and Queen's College of Physicians "are not prepared to admit that a conjoint examining board, formed as proposed, is the best way of improving professional education, and, therefore, do not feel themselves called upon at present to enter into details of the mode of carrying out that proposal." The Apothecaries' Hall express their concurrence in the plan. The Queen's University has made no reply.

To sum up. The desirability of establishing conjoint boards has been acknowledged and acted upon by all the licensing bodies in England. In Ireland it has been acknowledged by two, and in Scotland by none. The Committee on Medical Education think "that the time has come that the Council should set this question at rest, by expressing a decided opinion upon it."

(B) *Teaching.*—Upon four points there is unanimity of opinion: (*a*) written class examinations should be enforced in all classes, and certificates of attendance on lectures bear evidence of this; (*b*) every student should be obliged to serve the offices of clerk and dresser. The Apothecaries' Company have determined to enforce these two regulations after June, 1870; (*c*) therapeutics should be taught separately from pharmacy, and it should be imperative on all licensing bodies to examine candidates clinically in medicine and surgery.

[The following are the resolutions of which Dr. Parkes, the Chairman of the Committee, has given notice:—

"That the Report be received and entered on the Minutes.

"That, in the opinion of this Council, it is necessary that an examining board for each division of the kingdom should be formed by a union (the details of which shall be afterwards fixed), between the universities and corporations of each division.

"That all persons who desire to practise the medical profession should be required to pass the examination of such board, and that in each division of the kingdom the examination should as nearly as possible be uniform in character.

"The licensing bodies should be recommended to require, during and after the winter session of 1870, from the

schools of medicine from which their candidates came, evidence as follows:—1. That the candidates have been frequently examined in class writing on the subject taught in the class. 2. That they have properly served the offices of clerk and dresser for at least six weeks each. 3. That they have attended a course of therapeutics separate from and later, by at least a year, than the course of pharmacy.

"That the licensing bodies be informed that the Medical Council consider it imperative that every candidate for a licence shall be examined practically in medicine and surgery by being called on to investigate medical and surgical diseases in patients."]

It was stated that returns had been received from some of the bodies since the preparation of the report, and a discussion took place as to the propriety of remitting the report to the committee in order that those reports might be considered. This course was not adopted by the Council. A resolution was proposed to the effect that the report be continued on the programme until Friday in order that it might be taken into consideration in connexion with the Lord President's letter, and that power be given to the committee to make in it any alterations that might be necessary. This proposal was also rejected; and the report was received and ordered to be entered on the Minutes.

The report from the State Medicine Committee was ordered to stand over to another day.

Finances of the Council.

The Executive and Finance Committees, appointed July 10th, 1869, to consider how best the expenditure of the Council may be lessened, recommended, in a report which was now read, that the duration of the annual session should be limited to seven days, the remaining business being transacted by the Executive Committee; that a consultation be held with the Comptroller of Her Majesty's Stationery Office in reference to the cost of the Register, as the 2000 copies supplied to Government cost more than is repaid by 1s. 5d. per copy; that one supplementary list be published only, instead of four quarterly ones; that the printing of reports and minutes be more limited, and in abstract, unless otherwise distinctly required.

Dr. SHARPEY, in moving the reception of the report, said that if the proposed limitation of the meetings of the Council had taken place in 1868, a saving would have been effected amounting to £405 9s. 3d., and if the limitation had taken place in 1867 there would have been a saving of £500. The expenditure of the Council had, during the past year, considerably exceeded its income, and unless the expenses were diminished, it would be necessary to encroach on the capital, and the operations of the Council would be crippled.

Mr. COOPER seconded the motion.

Sir D. CORRIGAN proposed that the limitation of the meetings of the Council should be to six days instead of seven.

Dr. ANDREW WOOD seconded the proposal, which was supported by several members of the Council.

Dr. STORRAR said he thought that there had been no meeting of the Council, from 1858 to the present time, which might not have been completed within six days, and possibly even a shorter period. But the proposed method was a very rough mode of shortening the meetings of the Council, and he thought the object would be better accomplished by relying on the good sense of the members, and a determination to compress their speeches.

Dr. ANDREW WOOD said that the meetings of the General Assembly, and the assemblies of the Free Church and the United Presbyterian Church were limited, and he did not think it would be beneath the dignity of the Medical Council to adopt a similar limitation.

The proposed suggestion of substituting six for seven days was then put and carried.

Sir D. CORRIGAN moved the omission of the paragraph in the report; "The remaining business, if any, to be transacted by the Executive Committee, the meetings of the Executive Committee being held in continuation of that of the General Council." He objected to the delegating the business of the Council to the Executive Committee.

After some discussion, the paragraph was altered as follows: "The remaining business, as far as delegated by the General Council, to be transacted by the Executive Committee, the meetings of Executive Committee for that purpose being held immediately after the termination of the General Council."

Dr. ALEX. WOOD drew attention to the great expense incurred in printing, and to the loss sustained by the publication of the Register, which, he said, might have been saved if Mr. Churchill's offer, made some years ago, had been accepted.

The Report of the Committee, as amended, was adopted.

A list of examining bodies whose examinations fulfil the conditions of the Medical Council was laid on the table. The list was the same as last year, the following notice being inserted in the head of the list:—"A degree in Arts may be accepted by any University of the United Kingdom, or of the colonies, or of such other Universities as may be specially recognised, from time to time, by the Medical Council; provided always, that the examination for the degree has included all the subjects recognised by the General Medical Council."

A report from the Queen's University in Ireland relative to preliminary examination, and some correspondence between that body and the Registrar of the Council, were received and ordered to be entered upon the Minutes.

The report of visitation of examinations at the Queen's University in Ireland was also read and ordered to be entered on the Minutes.

The usual returns from the India Office of examinations for commissions were laid upon the table. On a motion to enter these returns on the Minutes,

Dr. ALEX. WOOD complained that the returns had been used for purposes very different from those for which they were originally intended. Without certain explanations they were apt to mislead, and the Council should be cautious in again ordering them to be entered upon the Minutes. Members of Parliament and other persons had attacked the medical education and examination of the country on the ground that a number of persons had been passed by the licensing bodies who were not received by the public services, and it turned out on investigation that many of those persons were not received simply because there was no room for them. An analysis of the tables had clearly demonstrated that they were comparatively useless as tests of the examination of other bodies. They had been used at the Council table, in the House of Commons, and elsewhere for that purpose, notwithstanding the proofs that had been given that they were not calculated to subserve that end. Under those circumstances he thought the tables ought not to be published unless they were accompanied with fuller explanation than had previously been given.

Dr. AQUILLA SMITH thought it was not necessary to enter the returns on the Minutes, but simply to keep them as records.

Dr. APJOHN thought it was extremely important that the returns should be printed and circulated, as they tended to make the licensing bodies more circumspect as to the persons to whom they granted their diplomas.

Sir D. CORRIGAN seconded the motion for the insertion of the returns on the Minutes. The returns, he said, had been called for, and by whom? They were called for by the members of the Council, and he believed unanimously. And with what object? In order to ascertain, by the manner in which the students from the licensing bodies passed the examinations, what bodies were not sufficiently strict. It was found that men had been returned who could not write English or read a prescription. The result of the disclosure had been most useful. Some of the licensing bodies ought to be ashamed of the returns. The test which the returns afforded had been a crucial one, and it revealed the astounding fact that some of the students who had obtained licences were ignorant of English and Latin, and did not know a particle of anatomy. Instances had been pointed out in which the whole examination consisted of a dialogue between the President of the Examining Board, the secretary, and the student. It was now proposed to proclaim to the world that they were so ashamed of their past conduct in allowing such men to pass that they desired to cushion the returns from the India Board. An objection had been made to the publication of the returns, on the ground of their not being sufficiently explanatory, the number of vacancies having, in some instances, exceeded the number of candidates. He believed that many years ago such was not the case.

Dr. PARKES said that sometimes it was so, and sometimes it was not.

Sir D. CORRIGAN: If the returns were defective, whose fault was it? It was the fault of the Council, because when they received the returns they should have written to the Board and inquired as to the number of vacancies and the number of candidates. The Council ought not to stultify itself by asking for returns and then abstaining from publishing them when it was found that they reflected on the examinations of the licensing bodies.

Dr. ANDREW WOOD said he could not support the proposal of Dr. Alex. Wood. Having asked for the returns, he thought the Council was bound to adopt the usual course of publishing them. He would not say that the publication of the returns had not effected some good, but he entirely repudiated the notion that the examining boards of the army and navy and the India Board, however respectable they might be, ought to be regarded as infallible, and that it should be taken for granted that they were always right, and the boards of the licensing bodies always wrong. He was glad that one defect had been pointed out—namely, that no mention was made of non-admissions owing to an insufficient number of situations. No doubt, however, there had been cases in which persons had passed the examinations of the licensing bodies who were not up to the mark. He could not admit that the medical boards of the army and navy were superior to the universities and all the licensing bodies in the kingdom. Let the process be reversed; let the candidates first be sent to the army and navy medical boards, and afterwards be examined by the boards of the universities and the licensing bodies, and it would possibly turn out that some of the candidates who had passed the former boards might be rejected by the latter.

The PRESIDENT said he intended to vote in favour of the motion for entering the returns on the Minutes, notwithstanding his desire to economise in the matter of printing. In the first place, having asked for the returns, he thought the Council was bound to print them. In the next place, though he agreed in the view that the returns were not infallible (for no doubt, under any system, it might happen that candidates passing one examination might be rejected at another), yet they were very serviceable as a rough test of the examinations which the Council was called upon to supervise; and so far from being a matter of shame to the corporate bodies they were just the reverse. In 1865, the percentage of candidates who had failed to pass the Army Board, on the ground of incompetence, was 37; in 1866, it was 27; in 1867, it was 18; and in 1868, 13. In the case of the Navy Board, the result was curiously similar; the percentage of failures from incompetence being, in 1865, 57; in 1866, 42; in 1867, 28; and in 1868, 22. He did not assert that the percentage of failures, 22 in the navy, and 13 in the army, was altogether satisfactory; but it was satisfactory to observe that the returns showed a steady and considerable improvement. Only two reports had been received from the India Board. In the report of last year, the proportion of candidates declared to be incompetent was 21 per cent.; the proportion in the present return was only 2¼ per cent. (Hear.)

Dr. ALEX. WOOD said, after the explanations that had been given, he was willing to withdraw his amendment for the non-insertion of the returns in the Minutes. The explanations, he thought, would go far to remove some of the false impressions hitherto made by the returns. In the next place, he felt sure that the unscrupulous persons who had hitherto used the returns to blacken the character of the examining boards might, if the returns were not published, say that the Council was afraid of publishing them. The ground upon which he suggested that they should not be published was, not any fear of the results, but a belief that the returns were apt to mislead. It now appeared that some of the past rejections which had been set down to incompetence was due to the fact that there were more candidates than vacancies.

The motion for entering the returns on the Minutes was then unanimously adopted.

Dr. ANDREW WOOD called the attention of the Council to the circumstance that leave had been given by Parliament to Sir John Gray to bring in a Bill in relation to the Medical Acts, and suggested that a letter should be addressed to that gentleman asking for a copy of the Bill, that it might be considered on Friday in connexion with the letter of the Lord President.

A long discussion took place as to the expediency of adopting Dr. Andrew Wood's proposal. It was urged by several members of the Council that it would be beneath the dignity of that body to apply to a private member of Parliament for a copy of a Bill which had not been made public; and, on the other hand, it was contended that the Council would be placed in an embarrassing position if it was called upon to discuss the subject for which it had been specially convened without having Sir John Gray's Bill before it. Ultimately a suggestion was made by Dr. Bennett that application for a copy of the Bill should be made to the Lord President. This proposition was put to the vote, and the numbers for and against being equal, the President gave his casting vote in favour of the proposal.

The Council then adjourned to Friday, at one o'clock.

The following notices of motion have been given by Dr. Alexander Wood:—

1. "That the proposal to establish a General Licensing Board in each division of the kingdom is a very important one, and may seriously affect the interests of several ancient universities and corporations, the maintenance of which in unimpaired efficiency is of importance to the interests of the medical profession.

2. "That no opportunity has yet been given to these universities and corporations to consider or devise any scheme for forming a conjoint examining board in the light of the letter sent by authority of the Lord President of the Privy Council to the President of the General Medical Council, and therefore that the representatives of these bodies in the General Medical Council cannot be prepared in this stage to suggest or even to agree to any definite proposals for carrying out the formation of such a board; and this Council would deprecate any hasty legislation on so important a subject.

3. "That by Clause XIX. of the Medical Act, power is given to the various examining boards to amalgamate for the purpose of conducting joint examinations.

4. "That advantage has already been taken of this clause, and that soon after the passing of the Medical Act in 1858, several amalgamations were formed, especially in Scotland, which have been found to work satisfactorily.

5. "That the Medical Council do hereby issue a recommendation to the various examining boards in each division of the kingdom, to lay before the Medical Council within (six) months from this date, a scheme for carrying out such amalgamation as may secure the important objects contemplated in the Lord President's letter.

6. "That should the examining boards refuse to comply with this recommendation, or should their proposals not appear satisfactory, the General Medical Council will then avail itself of the authority of the Privy Council, as provided in the Medical Act.

7. "That this Council would deprecate, as injurious alike to the public and to the profession, any legislation which would destroy the power of self-government which the medical profession has hitherto exercised."

AMALGAMATION OF THE MEDICAL SOCIETIES.

THE meeting of the Royal Medical and Chirurgical Society on Feb. 22nd (Dr. Burrows, President, in the chair), after the transaction of some formal business, was made a special one, for the purpose of considering the report of the committee of delegates from the various Societies appointed to consider the amalgamation scheme. The report was in the form of a series of resolutions, differing in some respects from those submitted by the Medical and Chirurgical to the other Societies. After some preliminary objections had been disposed of, and the first or formal resolution, expressing the desirableness of the formation of a Royal Society of Medicine, had been approved, the second resolution was approached. By it the order and arrangement of sections originally proposed had been altered, and medicine and surgery had been separated. The adoption of the report

was moved *pro formâ* by Dr. Pitman, not as approving of it, but as having been chairman of the committee from which it emanated; and was seconded by Dr. Barnes.

Mr. HOLMES moved as an amendment that the Society recur to its original recommendation, by which medicine and surgery were united, and by which a section of anatomy and physiology would be formed.

Mr. BIRKETT seconded the amendment.

Mr. CURLING expressed regret that the amendment mixed up these two very different questions.

Dr. QUAIN explained his reasons for having voted in committee for the separation of medicine from surgery.

Dr. WILSON FOX followed on the same side.

Dr. PITMAN thought the meeting had lost sight of the object of the scheme, which was the amalgamation of existing societies; and expressed his belief that a scheme, perfect at first, could not be expected.

Mr. HULKE supported the separation of medicine from surgery; and

Mr. HEATH asked for some official explanation of the reasons for the change.

Dr. GREENHOW explained that the resolution in favour of separation had been twice negatived in full committee; but that it had been reintroduced unexpectedly at the last meeting, from which some members were absent, and then carried.

Mr. CALLENDER stated that he had been in favour of the separation; and Dr. MURCHISON, that the delegates who voted for it were all Fellows of the Royal Medical and Chirurgical Society.

Dr. TYLER SMITH stated at some length, and amid interruption, the views and wishes of the Obstetrical Society.

The PRESIDENT spoke with great force and earnestness against the separation of medicine and surgery. He had listened with pain and surprise to some of the observations that had been made; and he referred to the Clinical Society as an illustration of the closeness of the bond by which the two branches of the healing art were united.

The amendment was then carried; but on its being proposed as an original motion, Mr. CURLING proposed, and Mr. BRUDENELL CARTER seconded, that each section should be voted for separately. This was carried, and the sections as ultimately agreed to were as follows:—1. Medico-Chirurgical. 2. Obstetrical. 3. Psychological. 4. Clinical. 5. Pathological. 6. Epidemiological, Hygienic, and Medico-Legal. 7. Anatomical and Physiological.

The concluding paragraph of the entire resolution, that "each section will entertain questions of therapeutics, chemistry, and physics, so far as they bear on its special subject," was next put and carried unanimously, and the meeting then adjourned.

Correspondence.

"Audi alteram partem."

SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—You are aware that it is Dr. Brady's intention to move, early in March, for leave to bring in a Bill for the Superannuation of Poor-law Medical Officers, of a similar character to that which he carried, last session, on behalf of our Irish brethren.

With the view of providing Dr. Brady with facts to be used in supporting this measure, I shall be obliged if you will allow me to appeal, through your columns, to the Poor-law medical officers generally, for information of cases which have fallen under their notice, showing how medical men have been constrained by circumstances to cling to their appointments, long after their power to discharge the duties efficiently has ceased through age or bodily infirmity. That such cases are very numerous there can be no doubt; though, for obvious reasons, they are not much talked about.

Any information I may receive will be deemed confidential—i. e., the facts to which they relate will be used by Dr. Brady, who will, however, not reveal the identity of the individuals to whom they refer. This observation is the more necessary as few gentlemen would care to own publicly their unfitness for continuing in office, though they would be very thankful to retire if they were assured of a moderate superannuation allowance.

As there is no time to spare, I shall hope to be favoured with communications on this subject as soon as possible. I may mention that the Council of the Poor-law Medical Officers' Association will petition the House of Commons in favour of Dr. Brady's Bill, and I hope that their example will be followed by medical officers generally. I may, possibly, appeal to your kindness, next week, to give place to a suitable form of petition for general use.

I would also trust that Poor-law medical officers will not fail to make oral or written appeals in support of the measure to members of both Houses with whom they may be acquainted, without delay.

I am, Sir, your obedient servant,

38, Dean-street, Soho, Feb. 21st, 1870. J. ROGERS.

VAGRANCY AND RELAPSING FEVER.

To the Editor of THE LANCET.

SIR,—In this morning's paper I read that the Registrar-General, in reporting the death of seventeen patients from relapsing fever since the beginning of this year, drew towards the disease the attention of the parish authorities and the charity of London. To judge from the majority of cases admitted into this hospital, it is not so much the poor of London as the *vagrant* poor, that are affected by this disease. The patients admitted have often quite recently come from the country; some have walked sixty or a hundred miles, sleeping on their journey in the casual wards of the various parishes they passed through. Others in their wanderings visited the various casual wards of London, from Woolwich to Chelsea, their life being made up of wandering from one place to another. Comparatively few have been admitted from their own homes. I must confess that I hardly see the possibility of private charity reaching this class. This kind of disease, which the Poor-law Board has so promptly and efficiently dealt with, furnishes the most striking example of the efficiency of public charity, and the utter impossibility of private relief; and, to my mind, teaches a lesson that is well worth learning, that if medical relief is to be given efficiently, it must be done systematically, not indiscriminately.

As a medical man I wish to draw the attention of fellow-practitioners to the clearness with which this disease can be traced to spread. The miserable vagrant wanders about in London, suffering from the fever. For two or three days, I find, though consumed by fever, and hardly able to move from the rheumatic pains which accompany this singular disease, he walks about, hoping to "walk it off." At night he sleeps in any casual ward, and in the morning starts off on his journey. Probably he does not complain, or if he does, the busy and ignorant officials, accustomed to malingering of the worst kind, start him off; till the next day he drops down, fairly exhausted. The surgeon is called, and the patient is packed off to the hospital, and comes in with a pulse of 130, and a temperature of 104°! In two days defervescence takes place, showing that he has been ill five days previously in all probability. This is a type. At other times the patient comes in during the intermediate stage, and has the relapse in the hospital. He actually tramped right through his primary attack.

Unacquainted as I am with the arrangements of casual wards, I do not know whether it is possible to prevent such a thing. There is no doubt that the casual wards, where healthy and diseased congregate, are the foci whence this fever spreads; and I must leave it to older and more experienced heads to suggest a means by which cases of fever, and suspicious cases, may be isolated from healthy ones.—I am, Sir, your obedient servant,

JOHN DE LIEFDE,
Assistant Medical Officer to the Hospital.

Temporary Hospital, Hampstead, Feb. 16th, 1870.

"HOW NOT TO DO IT."

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 18th September, 1869, I noticed an article headed "How to do it," referring to the

passage of H.M.S. *Orontes* from the Cape to St. Helena and England, and the outbreak of scarlet fever, which made it necessary to leave 326 individuals at Ascension to avoid the danger of the disease spreading.'

I venture to ask those whom it may concern:—

1st. Is it true that on the arrival of the *Orontes* with drafts for different regiments from England, at Simon's Town, an officer in H.M.S. service was landed, suffering from scarlet fever?

2nd. Did any other cases occur among people conveyed by the *Orontes* from Simon's Town to any other port in the colony?

3rd. Were the most ordinary precautions taken to disinfect the ship before the troops mentioned in the article I have referred to were embarked; or did cases occur on board the ship before she took her final departure for England?

If my suppositions are correct, with whom does the blame lie that the public is saddled with the expense of the trip of the *Simoom* to Ascension?

I venture to suggest that if "the authorities do know how to do it," they have done it with a vengeance in this case.

I am, Sir, your obedient servant,

Cape of Good Hope, December, 1869. OUTIS.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

AT the time Troppmann was beheaded, a medical man of this city, Dr. Pinel, made the startling announcement in one of the political journals that death by the guillotine was the most cruel of all, as, through the suddenness of the process, life remained in the head of the criminal at least *one hour* after the execution. This statement was supported by physiological notions peculiar to the author; but, notwithstanding their heterodoxy, they may have been brought forward without any blame attaching to M. Pinel, had not he adopted the curious proceeding of publishing his note in a political journal instead of a professional one. At all events, the note produced the desired effect. The public mind was deeply moved, and a host of extraordinary histories went the round of the journals. Such sensational stories as Heindrich, the executioner, being bitten by the head of a *guillotiné*; of several heads, fallen into the same basket, having bitten each other, &c., were quoted from journal to journal, and struck with horror the good people of Paris.

Some of the medical journals entered a protest against M. Pinel's extraordinary physiological ideas, and the nonsensical stories to which they had given rise. Among others, M. Desprez, surgeon to the Lock Hospital, took the trouble to show the falsity of all this anti-physiological stuff. But MM. Evrard and Beaumetz, both medical men at Beauvais, have done more. They determined to make experiments on the head of a *guillotiné*, and the occasion was afforded them soon after the death of Tropmann, by the execution of a parricide at Beauvais. The results of these experiments were communicated on Friday last to the Medico-legal Society of Paris, and they are really well worth being noticed.

The head of the culprit was delivered to them five minutes after the execution, and was subjected to various processes which are most curious, and imply no small courage on the part of the investigators. First, MM. Evrard and Beaumetz tell us that the head was placed on a table covered with compresses, so as to show the amount of blood which would be obtained. The face was then bloodless, of a pale and uniform hue; the lower jaw had fallen and the mouth was gaping. The features, which were immovable, bore an expression of stupor, but not of pain. The eyes were open, fixed, looking straight before them; the pupils were dilated; the cornea had already commenced to lose its lustre and transparency. Some saw-dust still stuck here and there to the face, but there was no vestige of any either on the inner surface of the lips or on the tongue. This is an important fact.

The opening of the ear was then carefully cleansed, and the experimenters, applying their lips as closely as possible to the orifice, called out three times in a loud voice the name of the criminal. Not a feature moved; there was no muscular movement, either of the eyes or on the face. A piece of charpie, saturated with ammonia, was next placed under the nostrils; there was no contraction of the alæ nor of the face. The conjunctiva of each eye was deeply and several times successively cauterised with nitrate of silver; the light of a candle was brought within two centimetres distance of the cornea, and yet no contraction was observed either in the eyelids, eyeball, or the pupils.

Electricity was then resorted to as a more powerful means of excitement of the nervous system. One of Legendre's electric piles, with a current of moderate intensity, determined vivid contractions in such of the muscles of the face as were directly subjected to its influence. But was this evidence, say the investigators, of a feeling of pain expressed by the physiognomy? Certainly not; and this for two reasons: first, because, whilst the experiment affected the left side of the face, the muscles of the right side retained their expression of stupor, even when the opposite side was the most convulsed; next, because the electrised parts themselves resumed their cadaveric impassibility as soon as the electric current ceased to animate them.

The integuments of the cranium were then incised from the nape of the neck to the root of the nose; the bones of the skull were uncovered down to the zygomatic arches. In performing these incisions, say the investigators, many nerves were cut, of which the section would have been most painful; the muscles of the neck and temple were still alive, since they retracted energetically under the knife: notwithstanding, no contraction of the face, no reflex action was observed. At that time three-quarters of an hour had not yet elapsed since the execution. The skull was then sawn through, and the brain removed; the muscles of the face and those of the jaws continued to obey the electric current, as when the brain was unimpaired. The integuments had then begun to get cold, and yet, with an intense electric current, the same muscular contractions were obtained *half an hour after the extraction of the brain*. Nobody will say that the brain still continued to act and think, though the muscles still responded to electric excitation. Beyond doubt the brain was as lifeless during the first part of the experiment as during the second. Indeed, at the very moment of the execution, through the sudden interruption of circulation, and consequent syncope, the brain was quite as unable to feel as to express its sensations.

This view MM. Evrard and Beaumetz base on the condition of the brain and its envelopes when examined. There was no fluid in the large arachnoid cavity; the vessels of the pia mater were almost bloodless, and filled with sériform fluid; the lateral cavernous sinuses were absolutely bloodless. The ventricles contained scarcely a teaspoonful of fluid, and in no situation was the brain injected. These facts entirely overthrow what has been advocated by some with regard to the persistence of the cephalo-spinal liquid, and of cerebral nutrition.

The thoracic viscera were also examined. The heart was found to be enormous, and was seen to beat under the pericardium; the lungs shrunken, and of a blackish hue. There was an enormous dilatation of the right auricle, and the ventricle of the same side was also dilated and tense. The left auricle was remarkably small, hard, and retracted. The right auricle and ventricle were filled, not with blood, but with an airy fluid. Pressure reduced their volume to three-fourths of their apparent size. Whilst the contractions of the auricles persisted, those of the ventricles became less frequent. A quarter of an hour after, the auricle and ventricle were once more swollen and distended, and it seemed that air, solicited by the contraction of the auricle, came from the vena cava (which was bloodless and dilated), as well as from the brachio-cephalic venous trunks. An hour and a half after the execution, the contractions of the right auricle were still perceptible, though rare and weak; the right ventricle was then wrinkled, shrunken, and could not contract in the least.

The results of these experiments are in entire accordance with those which had already been obtained in 1803, by the Medical Association of Mayence, which had been led to investigate the subject by the same motives as had actuated MM. Evrard and Beaumetz. The experiments then made, such as calling out the names of the criminals in the respective heads, were much the same as those which I have just related.

The falling of the lower jaw, which takes place instantaneously, serves to explain (to a certain extent), according to MM. Evrard and Beaumetz, all the extraordinary stories of the heads biting each other which have recently been propagated as coming from Sanson, and other executioners. The fact would be a mere coincidence, due to the position of the various heads in the basket. Besides, the experimenters assert that Heindrich, the present executioner, has positively assured them that he has never noticed this fact, nor, indeed, any sign whatever of persistent life in the heads of *guillotinés*.

Paris, Feb. 23rd, 1870.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FEB. 21ST, 1870.

MINES REGULATION AND INSPECTION BILL.

MR. BRUCE moved the second reading of this Bill, which consolidates existing Acts, and introduces provisions for giving greater safety to miners, and for restricting the employment of children.

A long discussion ensued, in which Lord Elcho, Lord Milton, Mr. Pease, Mr. Liddell, Mr. Lancaster, Mr. Elliott, Sir George Grey, Mr. Greene, Mr. Roden, Mr. Hussey Vivian, Mr. Kinnaird, and Mr. Akroyd took part, and the Bill was read a second time.

MEDICAL ACTS AMENDMENT.

Sir JOHN GRAY obtained leave to introduce a Bill for this purpose.

FEB. 22ND.

ST. LUKE'S HOSPITAL.

Colonel BARTTELOT asked the Secretary of State for the Home Department whether his attention had been called to the report of the Lunacy Commissioners on the condition of St. Luke's Hospital for Lunatics; and whether he is prepared to take some action with regard to that charity, either through the Commissioners in Lunacy or some special commission, so that the object for which the charity was endowed may be properly carried out.

Mr. BRUCE said that the subject had been before the House for twenty years. In 1851 the Commissioners had reported that the present state of the hospital was objectionable; and, although there were still defects in the building, many improvements had been made. He admitted that the criticisms of the Commissioners were generally correct. It did not seem that any advantage would result from an inquiry. Neither did it appear to him that he had any power to institute the investigation asked; the only remedy would be by Act of Parliament, which, on the part of the Government, he was not prepared to introduce.

Mr. Goldney's Bill to amend the law relating to the election and office of Coroner, and Mr. Muntz's Bill for the amendment of the Adulteration of Food or Drink Act (1860), were read a first time; the second reading of both Bills fixed for Wednesday, March 9th.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At an extraordinary meeting of the College on Feb. 22nd, the following gentlemen, having passed the required examination and conformed to the bye-laws and regulations, were granted licences to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery:—

Duncan, Alex. Shuter, M.R.C.S., Ovington-sq., Brompton.
Hill, John de Vere, M.R.C.S., North Dispensary, Liverpool.
Jackson, Edward, M.R.C.S., Ebury-street, Pimlico.
Moger, Fred. Slade, M.R.C.S., Park-hill House, Carshalton.
Williamson, John Gover, M.R.C.S., St. Bartholomew's Hospital.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 17th:—

Carter, George Canning, Brighton.
Coombe, George Augustus, Barnham, Essex.
Pike, William Boyston, St. Thomas's Hospital.

The following gentlemen also on the same day passed their first professional examination:—

Richard Farleigh Grant, Guy's Hospital; Samuel Tillcott Huggins, St. Bartholomew's Hospital; Russell Steele, University College.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen, having passed their final examination during the January sittings of the Examiners, were admitted Licentiates of the above Colleges:—

Browne, John Martin, Dublin.	Lindsay, Francis Woodley, Cork.
Conway, James Synam, Limerick.	Massy, Eyre H. Chas., Co. Clare.
Deely, Wm. Burke, Galway.	M'Donald, Alexander, Kinross.
Donovan, D. Dempsey, Co. Cork.	O'Brien, Joseph, Dungarvan.
Dunlop, William, Co. Derry.	Paterson, J. Dalgleish, Glasgow.
Dwyer, Michael Christopher, Tuam.	Robinson, A. Rose, Claude, Canada.
Finlay, George, Trinidad.	Skinner, David, Kingskettle.
Hutchison, John, Beattock.	Stone, George, Lancashire.

The following gentlemen have passed their first professional examination for the same:—

C. J. Hill Wrey, Co. Antrim; Francis Barry, Co. Wexford.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their final examinations, and were admitted Licentiates of the College, during the recent sittings of the Examiners:—

Alloway, T. Johnson, Queen's Co.	Macfee, James, Buteshire.
Bonthron, C. C., Buckhaven, Fife.	Moorhead, W. R., Co. Monaghan.
Gillies, John, Skye.	Struthers, J., Douglas, Fifeshire.

INDIAN MEDICAL SERVICE.—The Military Secretary has obliged us by forwarding the following list of candidates for the Service who were successful at the competitive examinations at Chelsea on Feb. 7th. Of 23 competitors for 10 appointments, 20 were reported qualified:—

	No. of Marks (3400 max.)
McConnell, J. F. P.	2640
O'Brien, J.	2345
McDonnell, J. O'M.	2215
Reid, J.	2150
Mackenzie, G. P....	2080
Sibthorp, C.	1985
Laing, J. A.	1910
Cook, H. D.	1870
Petterson, R. A.	1860
Weir, J. S.	1840

ST. MARY'S HOSPITAL.—Dr. Cheadle has been appointed Lecturer on Materia Medica, vice Dr. Sieveking, resigned.

BRITISH MEDICAL BENEVOLENT FUND.—At the monthly meeting held on Tuesday last the committee made grants, amounting to £115, to fifteen applicants, and two names were added to the list of candidates for an annuity, bringing the number up to eighteen. The resignation of Dr. J. Warburton Begbie as hon. local secretary for Edinburgh was received with much regret, and a cordial vote of thanks was passed for the active interest he has at all times taken in the work of the Society. Dr. Begbie enclosed an additional donation of £5, and also another of £10 in remembrance of his late respected father. Dr. Joseph Bell, Edinburgh, and Joseph Hinton, of Warminster, were elected honorary local secretaries.

BEQUESTS AND DONATIONS.—The Gateshead Dispensary has become entitled to £500 under the will of Joseph Abbot Hymers, Esq. The sum of £200 has been received by the cashier of the Glasgow Lying-in Hospital, from the trustees of the late James Papillon Jamieson, Esq. The Hon. Mrs. Holland has given £120 as an endowment for the Malvern Rural Hospital.

SPONTANEOUS COMBUSTION.—"L'Union Médicale" of the 15th of February contains an article from the pen of Dr. Bertholle, wherein full details are given of a case of spontaneous combustion. The subject of it was a woman, thirty-seven years old, who was addicted to alcoholic drinks. She was found in her room with the viscera and some of the limbs consumed, the hair and clothes having escaped. The very minute description of the state in which the deceased was found shows that ignition could not have been communicated from without, and, to all appearance, this is an additional case to those already upon record.

LITHIA.—A favourite resort for gouty patients is Contrexéville, in France, and it is well known that its waters are powerfully alkaline with some iron. Dr. Baud, formerly practising there, has just published in *L'Union Médicale* of the 15th instant a powerful article against lithia, which should be read by the supporters of the new alkali.

Medical Appointments.

BATES, T., L.R.C.P.Ed., has been appointed Medical Officer for District No. 1 of the Worcester Union, vice W. Woodward, M.D., appointed to District No. 3.

CATTO, R., M.B., has been appointed Medical Officer for the Parish of Fordyce, Banffshire, and Admiralty Surgeon and Agent for Portsoy, vice J. Gardiner, M.D., deceased.

CAVAFY, J., M.D., M.R.C.P.L., has been appointed Medical Registrar and Lecturer on Comparative Anatomy at St. George's Hospital.

CHAMBERS, T., F.R.C.S.Ed., has been elected Consulting Surgeon-Accoucheur to the Western Dispensary, Westminster, vice H. E. Eastlake, F.K.Q.C.P.I., deceased.

CRICHTON, R. W., M.D., has been appointed Physician to the Tavistock Dispensary, vice T. B. Harness, M.D., resigned.

DAVIES, T., L.R.C.P.Ed., has been appointed an Assistant Resident Medical Officer of the Leeds Public Dispensary, vice Wm. P. Pinder, M.R.C.S.E., resigned.

DONOVAN, Dr. W., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballymartle Dispensary District of the Kinsale Union, Co. Cork, vice J. Lemasney M'Dermott, M.R.C.S.E., resigned.

EVANS, J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Llandaff District of the Cardiff Union, vice S. Fennell, M.D., deceased.

FOTHERGILL, J. M., M.D., has been appointed Senior Resident Medical Officer of the Leeds Public Dispensary, vice T. Fennell, M.R.C.S.E., resigned, and since appointed Assistant Resident Medical Officer to the South Dispensary, Liverpool.

GEORGE, J., L.R.C.P.Ed., has been appointed Medical Officer for District No. 3 of the Ross Union, Herefordshire, vice B. M. Bradford, M.R.C.S.E., deceased.

HARLEWOOD, J. A., M.R.C.S.E., has been reappointed Medical Officer for the Haughton-le-Skerne District of the Darlington Union, Durham.

HORLEY, S. H., M.R.C.S.E., has been appointed Junior Medical Assistant at the Gloucestershire Lunatic Asylum, Gloucester, vice S. F. Bagnall, L.R.C.P.I., appointed Senior.

HOSKINS, E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Markeaton District of the Belper Union, Derbyshire, vice H. Brietzcke, L.R.C.P.I., resigned.

LOWE, C. F., M.R.C.S.E., has been appointed Resident Medical Superintendent of the Borough of Ipswich Lunatic Asylum.

LUDLOW, E., M.B., has been elected House-Surgeon to the Bristol Royal Infirmary.

LYSTER, P. T., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Athlone Dispensary District of the Athlone Union, Co. Westmeath, vice G. Hetherington, M.B., deceased.

OWENS, J., L.R.C.S.I., has been appointed House-Surgeon and Apothecary at the Westmoreland Lock Hospital, Dublin, vice R. Shaw, L.R.C.S.I., appointed Medical Officer to the Kildare Dispensary District of the Naas Union.

PERRY, M., M.D., has been elected one of the Medical Officers of the Medical Provident Institution, Evesham.

RAYNER, W., the younger, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Uxbridge District of the Uxbridge Union until the 29th of September, vice R. King, M.R.C.S.E., resigned.

SANDERS, C., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Ongar Union, Essex, vice C. Davenport, L.S.A.L., resigned.

THOMPSON, J., jun., L.R.C.P.L., M.R.C.S.E., has been appointed Consulting Surgeon to the Nottingham Dispensary, vice Dr. Massey, resigned.

THURSTON, G. H., M.R.C.S.E., has been appointed Surgeon to the Western District of the Chelsea, Brompton, and Belgrave Dispensary, vice H. T. Ryder, M.R.C.S.E., resigned.

VOWELL, C. M., F.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Honiton Union, Devon, vice W. Edwards, M.R.C.S.E., resigned.

WATSON, W. S., F.R.C.S.E., has been appointed Junior Surgeon to the Great Northern Hospital, Caledonian-road, vice E. C. Hulme, F.R.C.S.E., appointed Ophthalmic Surgeon.

WILLIAMS, J. LLOYD, M.B., has been appointed House-Surgeon to the Northern Hospital, Liverpool, vice C. H. Orfeur, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BARRY.—On the 17th inst., at Clifden-road, Twickenham, the wife of D. Paterson Barry, M.D., late Staff Surgeon-Major, of a daughter.

BLACK.—On the 16th inst., at Clarges-street, Piccadilly, the wife of J. W. Black, M.D., of a daughter.

HARLEY.—On the 16th inst., at Upper Berkeley-street, the wife of John Harley, M.D., of a daughter.

MOLINEAUX.—On the 20th inst., at Hesale, the wife of James Molineaux, M.D., of a son.

PENNINGTON.—On the 23rd inst., at Warrington, the wife of A. F. Pennington, Surgeon, of a son.

PICKEN.—On the 21st inst., at Sheerness, the wife of Dr. Picken, R.N., of a son.

PRITCHETT.—On the 15th inst., at Rastrick, Yorkshire, the wife of H. Pritchett, M.R.C.S., of a son.

THOROWGOOD.—On the 13th inst., at Welbeck-street, Cavendish-square, the wife of John C. Thorowgood, M.D., of a daughter.

MARRIAGES.

BRACEY—SHUTE.—On the 17th inst., at Christ Church, Clifton, Charles J. Bracey, M.B., of Priory House, Birmingham, to Edith, eldest daughter of John Shute, Esq., of Glenavon House, Clifton.

GILES—FRY.—On the 23rd inst., at Margate, Samuel Giles, M.D., B.A., of Upper Lewisham-road, to Caroline, youngest daughter of the late Wm. Thos. Fry, Esq., of Furnival's-inn and Camberwell.

LITTLE—LITTLE.—On the 19th inst., at Sutton Benger, Edward Moore Little, Surgeon, to Louisa, second daughter of the late Robert Davis Little, Esq., of Chippenham, Wilts.

DEATHS.

BURNS.—On the 19th inst., Isaac Burns, L.R.C.S.Ed., of Ingwell, near Whitehaven, aged 60.

GRAY.—On the 14th inst., at the Great Western Hotel, London, Dr. Duncan Macqueen Gray, formerly of the Hon. E.I.Co.'s Service.

JULOTT.—On the 6th inst., C. J. Julott, M.R.C.S.E., of Widnes, Runcorn Gap, Lancashire, aged 38.

MANSEL.—On the 18th inst., T. Mansel, M.R.C.S.E., of Pembroke.

MINTER.—On the 18th inst., at the London Fever Hospital, Edward Withers Minter, L.R.C.P., M.R.C.S., &c., son of Dr. Minter, Deputy Inspector of Hospitals and Fleets, aged 22.

MORRIS.—On the 15th of Dec., 1869, John Morris, Surgeon, of Buralem, aged 59.

POOLE.—On the 18th inst., Richard Poole, M.D., of Hill-garden House, Coupar Angus, aged 88.

RENTON.—On the 18th inst., at Orchard House, Shotley, Northumberland, John Renton, L.R.C.S.Ed., aged 58.

SHAW.—On the 20th inst., G. Shaw, M.R.C.S.E., of Old Elvet, Durham, aged 73.

WALKER.—On the 18th inst., at Peterborough, Jessie Charlotte, the infant daughter of T. S. Walker, M.D., aged 6 months.

WRIGHT.—On the 16th inst., at Edinburgh, David Wright, M.D., aged 26. Friends will please accept this intimation.

Medical Diary of the Week.

Monday, Feb. 28.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
SOCIAL SCIENCE ASSOCIATION.—8 P.M. Mr. Michael, "On the Relations between Health and the Finance of Towns."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. H. Hancock, "On a Case of Severe Injury to the Hand by the Explosion of Gunpowder; the saving of the greater portion of the Hand, and the adaptation of an Artificial Thumb."—Mr. Walter Coulson, "On Vesical Calculus."—Dr. A. Leared, "On Sulpho-Cyanides in the Blood and in the Urine."

Tuesday, March 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Masters, "On Plant Life."

Wednesday, March 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Adjourned Discussion on Dr. Braxton Hicks's paper "On Puerperal Diseases."—Baron Paul von Seydewitz, M.D.: "Two Cases of Eclampsia successfully treated by Chloral."—Dr. Routh and Dr. Rogers: "Cases of Bilocular Uterus."—Dr. Brunton: "Two Cases of Twins, in which, while the first Child presented naturally, there was Placental presentation with the second."

Thursday, March 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. Teevan, "On the Functional Derangements of the Male Generative Organs."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Mr. Gay: Gangrene of Femoral Vein, with Perforation of the Artery. Dr. H. Weber: Tubercular Meningitis in connexion with a Caseous Formation. Mr. Hulke: Subpericosteal Hæmatoma of Orbit. Dr. Langdon Down: Paralysis with apparent Muscular Hypertrophy. Mr. Care Jackson: Disease of Knee-joint. Dr. Robinson: Aortic Aneurism;—&c. &c.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."

Friday, March 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. The President (Mr. J. R. Lane), "On the Modern Treatment of Syphilis."
ROYAL INSTITUTION.—8 P.M. Mr. Reed, "On Iron-built Ships."

Saturday, March 5.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Max Müller, "On the Science of Religion."

Notes, Short Comments, and Answers to Correspondents.

ON COLOUR TESTS AS AIDS TO DIAGNOSIS.

OUR readers have already been made acquainted with Dr. Day's discovery of a very delicate and reliable test for blood. The guaiacum process is an application of a discovery made by the late Prof. Schönbein, who found that peroxide of hydrogen, which, according to his views, is an antozonide, and composed of water and antozone, is rapidly decomposed in the presence of blood, its antozone being converted into ozone by mere contact with the corpuscles. In order to prove the correctness of his views, he made use of the tincture of guaiacum, the precipitate resin of which has a strong affinity for ozone, with which it combines, and becomes changed to a bright blue colour. The value in a medico-legal sense of Dr. Day's process has been fully recognised by Prof. Taylor, who published a paper on the subject in vol. xiii. of "Guy's Hospital Reports." Prof. Taylor, in a letter to Dr. Day, remarks: "The presence of blood in the contents of the stomach and in articles of food in cases of poisoning may now be determined with the greatest ease by means of this process. There are many cases in which it can be used where the spectroscopic microscope utterly fails to show blood, and there is no case in which the spectroscope is available for use in which this method by guaiacum is not equally efficacious." But Dr. Day, by further prosecution of his experimental inquiries has been enabled to apply his test to the detection of other fluids, such as pus, mucus, and saliva. As these may each be distinctly recognised by these tests, and it is probable that their reactions depend on the properties of the corpuscles, it is thought that these reagents may not only be useful to physicians in aiding diagnosis, but also to physiologists in regard to Cohnheim's views as to the identity of the white corpuscles of blood and pus. Dr. Joseph Richardson, formerly Resident Physician to the Pennsylvania Hospital, has published in the 35th number of the *Quarterly Journal of Microscopical Science* a paper "On the Identity of the White Corpuscles of the Blood with the Salivary, Pus, and Mucus Corpuscles." The test for pus is made by exposing a saturated alcoholic solution of guaiacum to the air until it has absorbed a sufficient quantity of oxygen to give it the property of turning green when placed in contact with iodide of potassium. Perfectly sound tincture of guaiacum, such as should be used for the blood-test, undergoes no change of colour in the presence of iodide of potassium. In operating on pus which has become dry, it is always necessary to moisten it with water before applying the test. Although, for convenience sake, the tincture of guaiacum used in this test is spoken of as oxidized, Dr. Day is disposed to think that in reality the oxygen is held in a state of solution, much as it exists in the blood. The test for mucus consists in the application, first, of oxidized tincture of guaiacum, which by itself undergoes no change in the presence of mucus, and then in the application of carbolic acid or creasote, which quickly changes the colour of guaiacum to a bright blue, although neither carbolic acid nor creasote will blue guaiacum alone. In testing for mucus on cloths, or when it is mixed with blood, it is necessary to use the carbolic acid pure; but when the mucus is in a liquid state, it is better to use carbolic acid diluted with alcohol. The test for saliva is similar to that for mucus, with the exception that the blue reaction produced by the oxidized tincture of guaiacum and alcoholic solution of carbolic acid is highly intensified by the addition of ozonic ether, or any other antozonised fluid. Saliva reacts on oxidized guaiacum, when combined with carbolic acid, just as readily after the ptyaline has been removed. To those who are interested in the subject, and intend applying these tests for themselves, we would refer to Prof. Taylor's communication already mentioned, and to the *Australian Medical Journal*, November, 1869, for Dr. Day's paper on the same subject.

Dr. Franklin Gould (Mentone) is thanked for his interesting "Notes on Spanish Hospitals," which shall receive insertion in an early number. We shall gladly receive his record of a similar tour through the Italian peninsula. *I, cures per Alpes, Ut placeas medicis!*

BLANK CARTRIDGE.

IT will be remembered that in 1866 Colonel Ewart was officially employed to report to the Home Secretary on the proper principle of drainage for Windsor and other towns on the Thames. Colonel Ewart recommended what is known as the "separate system" for those towns. It appears that his advice has not been adopted yet, so far as Windsor is concerned; for the local authorities of that Royal borough had an interview with the First Commissioner of Works on the subject last week, when it was stated that "no system had been fixed upon" by them. We have often thought that the proportion of cases in which the recommendations of official reporters are carried out would form an interesting subject of inquiry.

THE NEW OPHTHALMIC INSTITUTION IN GLASGOW.

WE have received a lengthy communication on this subject from *M.D. Glasgow*. The controversy has now reached that stage when the combatants must raise the visor of anonymity, and enter the lists *in propriâ personâ*. All who fail to comply with this regulation must find an arena elsewhere than in the columns of THE LANCET.

Alpha.—A work of the kind has been written by Mr. O. Coles (Churchill).

THE CONTAGIOUS DISEASES ACT.

A MEETING was held on the evening of Feb. 21st at the rooms of the Social Science Association, Mr. C. Gilpin, M.P., in the chair, at which the adjourned discussion on the Contagious Diseases Act was resumed. It is really curious to observe the difficulty which the opponents of the Act appear to have in adhering to an exact statement of facts, or in confining their arguments to the real points at issue. Mr. Jacob Bright, M.P., bore off the palm for misrepresentation and silly exaggeration, when he declared the Act was not for the purpose of stamping out disease, but to enable men to practise vice; and, again, when in an apparent outburst of indignation, he declared that he would take advantage of every form given him as a member of Parliament to protect Manchester girls, whose poverty compelled them to be out late, against the police. Mr. Holmes Coote, we are sorry to say, is also reported to have said that the existing law had already demonstrated what might have been expected—namely, that the law could no more teach morality than it could teach many other things. The demonstration was a work of supererogation, for no one ever supposed it could. We had always thought that the object of the late legislation was to prevent or limit the spread of contagion, and it would have been more to the point if Mr. Holmes Coote had demonstrated its failure in this respect. Dr. Rumsey, of Cheltenham, has been kind enough to favour us with a copy of a letter addressed by him to the General Secretary, in answer to the invitation to attend the adjourned discussion. Dr. Rumsey adverts to the fact that when he presided at the Health Section at Birmingham, the "principle of the Act was then supported by some distinguished members of the Association, and by the leading clergy of the town, including the Rector of Birmingham. Objections based on false sentiment and misrepresentation of facts, such as have been lately urged, were not ventured upon at that meeting." Dr. Rumsey adds:—

"I look upon the present fanatical movement against the Act as a very unhappy event for the country. Had I not hope in the ultimate triumph of common sense, I should fear that the violent opposition of a minority to public arrangements for the prevention of syphilis might indicate a growing tendency to obstruct the execution of measures for the safety of the people in other departments of hygiene; and, in this case, to abandon to pharisaical neglect a class of miserable women who propagate a dreadful contagion, which I, in common with those of my profession who have had the largest experience in constitutional maladies, believe to be transmissible, hereditarily or otherwise, to the innocent and helpless in a much greater degree than is admitted by the learned Medical Officer of the Privy Council. Some gross exaggeration has led to needless alarm about one contingency of this measure—namely, that its administration renders modest women liable to insults by the police. The mere suggestion has been sufficient to raise a vehement outcry from some impulsive ladies, who may be charitably supposed to know but little about the matter—who have confounded the English Act with Continental regulations of a very different nature,—and who have been admirably answered by one of their own sex, Dr. Elizabeth Garrett."

Beta.—Once for all, M.B., of whatever University, is not entitled to call himself "Doctor," any more than, in the sister faculties of Theology or Law, B.D. is entitled to the designation of D.D., or LL.B. to that of LL.D. Neither of the two gentlemen named styles himself "Doctor;" and if he is so called, it is only in compliance with the vulgar usage, by which every practitioner of medicine, regular or irregular, from the apothecary or the herbalist upwards, is complimented by a title which should be reserved for the *summi in medicinâ honores*. How often are we to point out that "B" and "D" are not the same letter?

HOMŒOPATHY IN SOUTHAMPTON.

Dr. Griffin does rightly to keep the homœopaths to that unequalled mass of nonsense, the Organon of Hahnemann. Is it true that the Medical Society of Southampton contains homœopaths?

Prof. Maclean's communication shall be inserted next week.

"ADDISON'S DISEASE WITHOUT BRONZING OF THE SKIN."

To the Editor of THE LANCET.

SIR,—Whilst I thank Mr. Wilmot H. T. Power for his answers to my queries, I must point out to him that I did not in either of my previous letters attribute his "brevity as arising from carelessness." I considered both it and his silence toward my first communication to arise either from "pressure of other affairs," or a desire to moderate "pressure" on your already fully occupied columns.

I believe anæmia (commonly so called) to be the usual cause of death in cases of Addison's disease. True asthenia, such as that observed in death from shock or electrical influence, is solely a want of muscular power in the heart (ἀ and σθένος); and although in Mr. Power's case, such, as reported by him, must undoubtedly have been the immediate cause of dissolution, yet in ordinary instances of that form of disease of the supra-renal capsules described by Dr. Addison, it is anæmia, and not asthenia, which terminates the scene.

I can scarcely take the name to be "the ordinary one employed," as, even setting everything else aside, the case cited being an "extraordinary" one in many particulars, it cannot legitimately possess an "ordinary" name. Bronzing of the skin is the essential element of Addison's disease of the supra-renal bodies; but "What's in a name?"

I can assure you my "curiosity" was alone prompted by my desire for further pathological knowledge, and I hope at some future day to be enabled to give my reasons for the seemingly peculiar question I have asked, and trust I shall beforehand be more fully informed on the subject of "Addison's disease without bronzing of the skin" by the result of Mr. Power's "minute examination of the diseased organs," the probability of giving which to your readers he suggested in his communication of the 11th December last.

I am, Sir, yours obediently,

South Molton, Feb. 14th, 1870. FRANCIS E. CLARKE, B.A., M.B.

*** Here this controversy must end.—ED. L.

CHALYBEATES IN PREGNANCY.

Dr. M. J. O'Connor writes us a long letter in answer to our annotation of last week. He repudiates any personal feeling in the matter, and says he did not swear that the preparations of iron would cause abortion. Moreover, he accompanies his letter with one from the foreman and other members of the jury, to the effect that there was no harangue on iron in pregnancy, and that, in their opinion, Dr. O'Connor was "over-cautious," and seemed to screen the other medical men in the case. These communications (which are too long for insertion) do not materially affect the accuracy of our statement or the justice of our comments. There was little ground in the facts of the case for three sittings of a jury, and an apparent reflection on the medical treatment by the medical witness. It is no discredit to a medical man not to decide immediately on the existence of pregnancy where it cannot be legitimate, and the administration of iron in pregnancy is more common than Dr. O'Connor seems to think. On both these points, either awkwardly or designedly, he conveyed an impression to the jury unfavourable to Dr. Woodman, and, in our opinion, quite unnecessarily so.

Dr. Philip Foster's (Leeds) communication shall receive early attention.

MR. NUNNELEY'S STATISTICS.

To the Editor of THE LANCET.

SIR,—Mr. Nunneley, at the commencement of his paper, "On the Operations performed in the General Infirmary at Leeds during a period of over Sixteen Years," a part of which has appeared in your issues of Jan. 7th, 29th, and Feb. 5th, asserts that statistics form one of the most important sources from which general principles may be deduced, and gives his full assurance that they, *when truly stated*, cannot but be of the greatest benefit to the careful surgeon, thus leading to the belief that he appreciates the value of statistical information, and that he is fully alive to the necessity for precision. He says: "I have taken all the care I could do to be correct in the deductions I have thought fairly to be drawn from them." Are we, therefore, to assume that he has also taken all the care of which he is capable to be correct in the calculations themselves?

Those *very shrewd practical men* who, according to Mr. Nunneley, say that any mortal thing may be proved by statistics, would certainly have good reason for so saying if statisticians were not more careful in their arithmetic than is Mr. Nunneley.

I will proceed to point out a few of Mr. Nunneley's conclusions, which, according to my reckoning, are not truly stated.

Of 285 amputations of the upper extremity, 247 recovered, and 38 died, making, says Mr. Nunneley, 7½ recoveries to 1 death; instead of, as I make it, 6½ recoveries to 1 death. Of 102 amputations of the hand, 99 recovered, and 3 died, being equal, Mr. Nunneley says, to 34 recoveries to 1 death; instead of 33 recoveries to 1 death. Of 60 amputations of the forearm, 56 recovered, and 4 died, making 15 recoveries to 1 death; instead of 14 recoveries to 1 death. Again, Mr. Nunneley makes rather more than 3½ recoveries to 1 death in amputation of the lower extremity, whilst his figures show *rather less than* 3; 1 recovery to 2½ deaths in amputations of the upper thigh, instead of 1 recovery to 3½ deaths.

In dealing with *pathological* amputations of the lower extremity, there are no fewer than four blunders similar to the above; and lastly, so far as that portion of his paper which is contained in THE LANCET of Jan. 29th is concerned, in contrasting amputations of the upper with those of the lower extremity, he makes it appear that 233 is to 52 as 253 to 122!

That portion of Mr. Nunneley's paper which is contained in THE LANCET for Feb. 5th begins with operations for stone, and contains the following:—"Of the 112 *lithotomy* operations, 98 recovered, and 14 died: equal to 8 recoveries to 1 death, or 1 death in every 9 cases"! And further on, when treating of tumours of all kinds, he calculates—excluding those of the breast and of the lower extremity—that 202 recoveries to 4 deaths is in the proportion of 1 death to 55 recoveries!

By what arithmetical process Mr. Nunneley arrives at such conclusions, I am at a loss to divine, unless he prefers that backward reckoning by which "Lord Dundreary" counts his fingers, and makes them number eleven. I shall await with considerable curiosity the promised deductions from such faulty premises.

Yours, &c.,
Leeds, Feb. 7th, 1870. T. B. JESSOP.

A Subscriber of Twenty Years.—We cannot, of course, pronounce upon the measure of confidence to be placed in the physician referred to, though his conduct (particularly in the matter of "his own medicines") has a decidedly unprofessional tone.

L.K.Q.C.P.I.—We do not wish our correspondent to receive our *ipse dixit*. We give our opinion when it is asked, and it goes for what it is worth. On our side we cannot take the *ipse dixit* of his College, which varies its statements every year. Let him consult the Medical Directory for 1870.

THE EXAMINATION OF SOLDIERS FOR ENTHETIC DISEASES.

To the Editor of THE LANCET.

SIR,—In connexion with the important subject of extending the Contagious Diseases Act, the question of the expediency of reverting to the old practice of a weekly examination of the soldiers has arisen. As a regimental medical officer of considerable experience, I have long held the opinion that this venereal examination is both demoralising and unnecessary; and I cannot help sending you the result of a careful inquiry that has just taken place, as it so fully corroborates my views on the matter. A War Office circular has lately been issued to all regiments at home, ordering a medical examination of the men, with a view to their fitness for further service. This has just taken place in my regiment, and throughout the examination not one man was found labouring under primary venereal disease of either form, syphilis or gonorrhœa; and I have little doubt that to a great extent the same result has been found in other regiments recently examined in accordance with this circular.

My regiment is stationed in a manufacturing town, and not protected by the Contagious Diseases Act, which makes the fact more valuable.

I am, Sir, yours faithfully,
February 23rd, 1870. A REGIMENTAL SURGEON.

THE INDIAN MEDICAL SERVICE.

A CORRESPONDENT writes to inform us that there will soon appear among the notices of motion one to the following effect:—To ask her Majesty's Under Secretary of State for India the number of candidates who presented themselves at the competitive examination for forty appointments as assistant-surgeons in her Majesty's Indian medical service in August last, and the number found qualified for the above appointments; to inquire why in the consolidated pay of a regimental surgeon is included less staff salary than that granted to a commandant, a wing commandant, or even to an adjutant of an Indian regiment; and, lastly, to be informed of the reason why a surgeon is the only regimental officer who has been deprived of the pecuniary advantages of the new Furlough Regulations of 1868, by the Government of India having ruled that he alone shall be prohibited receiving, when on furlough in Europe, 50 per cent. of the salary of his substantive office.

Mr. E. M. Sheldon is quite correct in stating that the British Association has met twice in Liverpool—namely, in 1837 and 1854. Our last week's statement was copied inadvertently from another journal without verification.

SIR JAMES ALDERSON.

SIR HENRY COOPER presents his compliments to the Editor of THE LANCET, and requests the favour of the insertion of the accompanying document (which has been unavoidably delayed) in the next number of that journal.

Hull, February 16th, 1870.

ADDRESS TO SIR JAMES ALDERSON FROM THE MEDICAL PRACTITIONERS OF HULL AND ITS NEIGHBOURHOOD.

To Sir James Alderson, Knight, M.D., F.R.S., President of the Royal College of Physicians of London.

The members of the medical profession practising in Hull and its neighbourhood desire to express to you their congratulations on the honour which her Majesty has just been pleased to confer upon you.

They look upon this distinction as a fitting and graceful tribute to your high social and professional position, to the manner in which you have discharged the dignified office you now hold at the head of the profession, and to the valuable services you have for many years rendered to the profession and, through it, to the public.

They pray that your life may be prolonged to enjoy in health and happiness the distinction which you have so fairly earned, and which is especially gratifying to the practitioners of your native town, and of the district in which you attained eminence and honour in the earlier part of your career.

Hull, November, 1869.

This address, signed by 58 gentlemen, engrossed on parchment, and illuminated, was presented to Sir James by F. B. Anderson, Esq., of Hessle; and the following reply has since been received:—

17, Berkeley-square, London, Dec. 27th, 1869.

DEAR SIR HENRY COOPER,—Whilst thanking you heartily for the kind part you have taken in presiding at a meeting to do me honour, I must beg you to convey to every one of the gentlemen, my kind friends, there present, my heartfelt thanks for the address they have voted to me, and to tell them that it contains expressions of their good opinion and regard which far outweigh with me the occasion which has called it forth.

To be remembered and so thought of after so many years of absence from my native town, and to be so held and esteemed by my own profession, affords me happiness before any of those events of my life for which I have to be grateful.

You must allow me to add that the subscribers to the address have enhanced their favour by conveying it by the hands of nearly, if not quite, the oldest practitioner in the district, who has always been my firm friend.

I remain, with sincere regard, yours most faithfu lly,
To Sir Henry Cooper and the other gentlemen who signed the address. JAMES ALDERSON.

Dr. James Morton requests us to state that his paper on "Carbolic Acid," concluded in our last number, will be supplemented by another, summing-up the results of his investigations.

BELLADONNA IN SCARLATINA MALIGNA.

To the Editor of THE LANCET.

SIR,—Scarlet fever of a very malignant type is still making ravages in various parts of the kingdom, and I, therefore, take the liberty of stating my experience of the use of belladonna both as a prophylactic and curative agent in this epidemic.

Many years ago scarlatina prevailed as an epidemic in Dundee, and was very fatal. Confiding in the experiences of Biett and others as to the preventive influence of belladonna, I administered it to a large number of children and young persons, and with the happiest results. In almost every instance the disease assumed a mild and tractable form; and in the small number of instances in which general anasarca occurred, from exposure to cold during convalescence, acetate of potass in large doses quickly dispelled the effusion. The preparation I use is the tincture, the dose varying from four to sixteen drops daily, according to age from infancy to twenty years. This treatment is to be continued during twelve days. This is recommended by Biett, and is the most convenient and the most certain in its action.

During the epidemic which has for some months been so fatal in this town, I have again had recourse to the belladonna treatment, with the same favourable results.

In THE LANCET for 1828-9, it is stated that, in consequence of Hufeland's communications to the Prussian Government, an official decree was issued, enforcing the general use of belladonna as a prophylactic wherever scarlet fever prevailed as an epidemic. There is nothing new in all this, and yet the belladonna treatment is but very partially adopted, and its efficacy imperfectly recognised. One great recommendation for its use is its perfect harmlessness in case of failure. As THE LANCET pertinently remarks, "The dose, it appears, is so very small that, even if it should fail in its effect, it will, at all events, not be injurious."—Yours obediently,
Dundee, Feb. 14th, 1870. W. C. SAUNDERS, Surgeon.

SOCIAL SCIENCE AND CONTAGIOUS DISEASE.

Dr. Charles Drysdale's communication has been received. He will probably class us among the scientific heretics of whom he spoke at a late meeting of the Social Science Association; but we are far from accepting all that Mr. Mill says for gospel. Mr. Mill, with all his ability, is a man of abstractions. He often seizes upon some idea, dwells upon it, and, being gifted with considerable powers of exposition and wonderful self-assertion, succeeds in convincing himself that it, and only it, can be true. Dr. Drysdale will admit that we must be practical; and when does he expect that his recommendations about early marriages, very small families, and great facility of divorce will be viewed as otherwise than demoralising in their tendency? If we wait for their general acceptance as the only way of getting rid of syphilis and prostitution, we may wait some time. As to the engagement of soldiers for short periods, as for a single campaign, the proposal is preposterously absurd. Mr. Potter can know nothing of the training requisite to make an artilleryman or a cavalry soldier. The object that politicians have in proposing short service for the army is the very reverse of what is generally stated. It is to save money and secure physical efficiency in the soldier. Rightly or wrongly, the tendency of modern legislation is to minimise the number of marriages in the army of the future. As to a volunteer system like that of Switzerland, when volunteers are ready to take their tour of India, and encounter cholera and malaria in that climate, we shall be able to discuss the matter. We can express no opinion about the necessity for standing armies, or as to the wisdom of modern political tendencies. We simply state the facts.

Lithos is too heavy a stone for our columns.

THE GALWAY MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—A public meeting of the students of Queen's College assembled to-day, Mr. Pye, senior scholar in Medicine, in the chair, to consider certain statements affecting them, to which you have recently given publicity. The meeting was very large, probably the largest of the kind ever witnessed in Galway. As it was composed of students belonging to the faculties of Arts, Law, and Engineering, as well as to that of Medicine, it declined, pending an investigation, either to affirm or refute the charges preferred against the College by Mr. Melville. At the same time, with regard to sentiments attributed to themselves, the following resolutions were unanimously adopted by the entire body of graduates and undergraduates:—

Proposed by Mr. Mulligan, B.A., and seconded by Mr. Cullin, Scholar:

1. "When Mr. Melville adduces the state of things existing in the College as 'an instance of the want of rectitude of all classes in this country,' and when he declares that many would now come forward and corroborate all his statements were it not for their fear of the Council, we, the students of the College, regard such expressions as groundless calumnies."

The second resolution had reference to the following expressions of Mr. O'Donnell, M.A.:—"Mr. Melville has placed the public under no slight obligation by his courageous statements. And so think the independent students of the Queen's University. ..... As a matter of course this piece of terrorism is meant to intimidate students from letting out the discreditable secrets of the institution. My answer will be in the book Messrs. Longmans and Co. are publishing for me (F. H. O'Donnell, M.A.), to disclose a University farce the most egregious any time or country has known."

Mr. Talbot, B.A., proposed, and Mr. Brooke, B.A., seconded the following resolution:

2. "We, the students of the College, consider the above statement a malignant falsehood, and a gross slander on gentlemen in whom we have the fullest confidence, and on an institution of which we boast to be members."

Several other resolutions were tendered, containing strong expressions of opinion regarding the accuracy of Mr. Melville's charges against the College authorities, which the Chairman declined to receive on the ground that these charges are likely to form the subject of an investigation by the Visitors.

As Mr. Melville and Mr. O'Donnell have taken upon themselves to express in the columns of your journal an opinion for the students, the students now desire to express their own opinion for themselves.

(Signed) J. P. PYE, Chairman.
Galway, Feb. 17th, 1870. J. MULLIGAN, B.A., Hon. Sec.

*** This question is one affecting the veracity of gentlemen who have appended their names to communications published in our columns. How far they are justified by facts in the course they have taken we cannot pretend to say; but they ask for the opportunity of proving their statements, and this ought to be afforded them.—ED. L.

Mr. J. P. Pye, (University of Galway.)—Our correspondent's lengthy communication shall receive attention next week.

A Qualified Practitioner.—There is no remedy under the present state of the law for the evils of druggists' practice. We heard only the other day of a very sad case, in which a fatal result of typhoid fever was entirely due to the ignorance of a chemist, who pretended to treat the disease until all hope of recovery was gone, and then, of course, proper medical aid was called in too late to be of the least avail. Pope must have had these druggist-doctors in view when he wrote:—

> "So modern 'pothecaries, taught the art
> By doctors' bills to play the doctor's part,
> Bold in the practice of mistaken rules,
> Prescribe, apply, and call their masters fools."

Mr. Edward F. Smith.—1. The difficulty experienced by beginners with the common cylindrical speculum may usually be obviated by first ascertaining the exact position and direction of the os uteri by touch, and then so guiding the instrument as to embrace it. For the vagina, the single duck-bill speculum is the best.—2. The works of Prof. Grailly Hewitt or Dr. Marion Sims.

INCONTINENCE OF URINE IN CHILDREN TREATED BY COLLODION.

THERE is a paper by Sir Dominic Corrigan in the February number of the *Dublin Quarterly Journal of Medical Science* on the Treatment of Incontinence of Urine in Young People by means of Collodion. His plan is as follows:—While the prepuce, slightly curved up, is held with the left hand, to smear over the little cup thus formed by the extremity of the prepuce with collodion by means of a camel-hair pencil or blunt end of a penholder. Almost as fast as applied the collodion solidifies. In contracting, it draws closely together the edges of the prepuce, and thus the exit for the escaping urine is closed. A fortnight's use is generally sufficient for the cure. When the child wishes to pass urine, the little wedge or cup of collodion is easily removed with the finger-nail. Sir D. Corrigan also recommends that the child's bed should gently rise as an inclined plane from hips to feet, in order to allow the urine in the bladder to gravitate towards the fundus instead of the neck of the bladder.

The Son of an Hospital Physician.—It is a common practice, which requires neither teaching nor explanation to any who are acquainted with the elements of algebra, to express chemical changes and combinations by arranging the symbols into equations. Such equations may be found in most chemical text-books.

THE communications of *Dr. Balthazar Foster, Mr. Henry Smith,* and *Mr. Hardesty* are in type, and shall, if possible, have a place in our columns next week.

THE VACCINATION ACT AND THE CHILDREN OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—May I ask if you will be good enough to give me your opinion on the following case:—

A. B., a qualified medical practitioner, has a child born on Jan. 1st, 1869. On March 20th, the child being ill, A. B., who attends his own children, writes a certificate of the child's unfitness, which he retains in his own possession as parent of the child, according to the specific directions of the Act (see Sec. 18, Sch. form B). In April, A. B. successfully vaccinates the child, and himself gives in the certificate of having done so to the registrar within the proper period, and sees the case entered on his books. Now A. B. is threatened by the clerk to the guardians with a prosecution for neglecting to have his child vaccinated within three months of its birth, although the fact of his having the above-mentioned certificate of unfitness is known to the clerk.

According to recent decisions of the magistrates in this place, there is no question A. B. would be convicted, as his certificate would be refused on the ground of his being a defendant in a criminal charge.

If, Sir, this interpretation of the law be correct, it follows that no medical practitioner can vaccinate his own children, or give any certificate under the Act concerning them, without running the risk of prosecution and conviction at the will of the clerk to the guardians, and the same thing must apply also to the public vaccinator himself. Were such results contemplated when the Act was passed?—Yours faithfully,

Scarborough, Feb. 21st, 1870. J. W. TEALE, M.A. Oxon., &c.

P.S.—May I venture to point out what seems to me a slight error in your comments on Mr. Rablah's case in last week's LANCET. You say: "He (Mr. Rablah) might easily have sent in another certificate, and so stayed the proceedings." Had this been done, he would still most certainly have been convicted on the ground that the certificate was not sent in within twenty-one days of the successful vaccination; and, moreover, his doing so would have been a practical admission that no certificate had been sent before.

*** We think the prosecution of A. B., under the circumstances, would be monstrous. We see nothing in the Act, or in the recent Scarborough decision, to invalidate the certificates of medical men in regard to the vaccination of their own children. At the same time, when medical parents are not going to comply with the law, from an honest conviction of the unfitness of their child to be vaccinated, we think it would be only respectful to the law to get a certificate of unfitness from another medical practitioner. Our correspondent's conclusion from the recent decision that A. B. would be convicted is, we think, a little strained. Intelligent members of the profession should judge magistrates leniently when they look suspiciously on certificates of unfitness. A great amount of discreditable nonsense has been talked of late, not only against the Vaccination Act, but against vaccination by some medical men.—ED. L.

THE REGISTRAR-GENERAL'S "HALFPENCE."

READERS of *Our Mutual Friend* will recollect how Mr. Dickens refers to the Registrar-General casting up the units in his Weekly Return that die of want and exposure to the weather, "for which that recording angel seemed to have a regular fixed place in his sum as if they were his halfpence." The late inclement weather is already causing those "halfpence" to appear in greater number in the weekly sum of deaths than usual. The last return contains a record of 3 deaths, making 15 altogether since the beginning of this year, registered as having been caused directly or accelerated by privation and exposure. This does not by any means represent the full number of such cases as have actually occurred; for we know that five or six inquests have been recently held on persons who have died from starvation or exposure, but whose deaths have not yet found their way into the Weekly Return.

CHILBLAINS.

A CORRESPONDENT directs attention to the utility in the above affection of painting the compound tincture of iodine, saturated with iodine, over the affected part. For convenience, it may be done at bedtime. The application is simple, and, as far as his knowledge extends, rapidly beneficial.

ODOUR OF LUNATICS.

Enquirer's interesting letter on this subject must stand over till the *cause célèbre* has concluded.

OWING to the space occupied by the Report of the Medical Council, we are compelled to postpone several important papers. Articles on the Amalgamation of the British and Indian Medical Services, and other subjects, already in type, will appear as soon as the pressure on our space will permit.

THE PRESTON PROVIDENT DISPENSARY.

To the Editor of THE LANCET.

SIR,—I have no wish to occupy your space or waste my own time by further letter-writing; but I must ask you to let me correct two material inaccuracies in what you have published.

1st. It is not in any way true to suggest that I have been so conceited as to describe myself as "an eminent physician."

2nd. It is not in any way true that I have "sent nineteen testimonials to the papers for publication." That statement has no foundation, unless it be founded upon the fact that, in reply to an application from the dispensary committee, I forwarded a set of testimonials for its perusal.

The following extract from a newspaper now lying on my desk will show the state of the Preston operatives:—

"It is calculated that there are at present between 20 and 30 mills either entirely or very nearly stopped in Preston; that there are between 1300 and 1500 cottage houses to let in the borough; and that between 3000 and 4000 operatives are either altogether out of employ or working on short time. The returns submitted yesterday to the Board of Guardians showed that 3763 persons had been relieved during the past week, as compared with 3794 in the previous week, and 3390 in the corresponding period of last year. The returns likewise state that 247 ablebodied paupers were in the employ of the guardians at present, against 209 last week, and 226 in the corresponding period of last year."

These are the circumstances under which the Preston doctors have thought it right to increase their tariff for insuring medical attendance to the sick members of the Provident Societies, and, as you say, to give "no countenance" to a movement by which the members thus suddenly left in the lurch attempted to organise a Provident Dispensary, instead of falling back upon the comparatively unrequited Poor-law medical officers. I may be obtuse, but I fail altogether to see that *I* am the party which is "practically and ethically wrong" in this matter.

Will you allow me to add that I have not indulged in any of that degrading solicitation or underbidding which your experience of the profession seems to have suggested to your mind. I was applied to by the committee, at the recommendation of a well-known medical friend in London, to whom the secretary had written for advice and assistance. My friend held that while the Preston doctors had an undoubted right to strike, they had no sort of claim—ethically or otherwise—to prevent the members from organising a co-operative dispensary for themselves. He, moreover, urged that the encouragement of such dispensaries would do much to prevent that avalanche of Poor-law-medical-relief-made-easy, which just now the manœuvres of professional humanitarians threaten to bring upon us.

Your obedient servant,

Ulverston, Feb. 21st, 1870. HENRY BARBER.

*** Dr. Barber seems well satisfied with his own action in this matter. He persists in giving almost a benevolent character to it, and nearly makes us wonder that he charges the distressed operatives at Preston anything at all. Happy the man that possesses the *mens conscia recti*.—ED. L.

To the Editor of THE LANCET.

SIR,—The action of Dr. Barber, of Ulverston, in taking part as physician to the Preston Dispensary, has again brought down your editorial strictures on medical men who take payment from the small collective subscriptions of the provident working classes, whether this is in the form of clubs or dispensaries. Perhaps you will allow a few words of explanation from one who thinks this rather hard. We would willingly receive higher remuneration if we could get it. I know one gentleman who is in receipt of 10*s.* per head from the employés of a manufacturing concern, another who gets 8*s.* in an ordinary working man's club; but in both these instances there is no hospital in the neighbourhood. These are the institutions that keep down the price of medical labour: for they attend the very class who form our club members—i. e., the working class, the paupers being in the hands of the parish medical officers. The people argue: "We get the best medical attendance, board and lodging, all gratis; what is the good of paying club doctors or joining provident dispensaries?" So that many neglect the two, greatly to their own detriment; others join clubs for weekly benefit in sickness, and the doctor is thrown in as a mere make-weight, for which they do not intend to pay much, well knowing, if any emergency arises, or severe sickness, they have the hospital to fall back upon.

The profession may rest satisfied that until all medical charities are made into provident institutions, there will be no material advance in club payments, or any great increase in the new and better type of dispensary. Already these latter are more remunerative to the profession than clubs, giving as much as 5*s.* for each member. This arises from their having two sources of income, the subscriptions of the rich and the small weekly payments of the people. The same, I suppose, would be the case at Preston. Though the payment of each individual may be small, yet, when supplemented by the contributions of the wealthy, it would bring the total to about 5*s.* per member; and this we must hold as a standard for all contract medical services. It is equivalent to that which provides for the spiritual supervision of our realm, 5*s.* a head on the population being the average cost of our clerical staff.

A penny or halfpenny subscription may appear ridiculous in itself; so is a shilling as a lawyer's fee, yet we know the poor can have any amount of justice in our County Courts for 1*s.* The aggregate of all the shillings gives a handsome stipend of £800 or £1000 to the judge.

I remain, Sir, your obedient servant,

February, 1870. FAIR PLAY.

*** Our correspondent seems to labour under a misapprehension. We never meant to condemn provident dispensaries. We have the highest opinion of providence in all classes, and in medical matters as well as in others.—ED. L.

RIVERS POLLUTION COMMISSION (1868).

THE first Report of this Commission has just been received, and will be examined by us in an early number.

MARRIAGE OF FIRST COUSINS.

T. H. S. and *Inquirer.*—The matter, as we understand it, may be stated thus. The marriage of cousins, providing both are healthy, has no tendency to produce disease in the offspring. If, however, the cousins inherit the disease or the proclivity to disease of their common ancestor, their children would have a strong tendency to that disease, which might be fostered or suppressed by circumstances. There can be no question that cousins descended from an insane or highly phthisical grand-parent should not intermarry; but we cannot see any reason for supposing that either insanity or phthisis would result from the intermarriage of healthy cousins. The subject, however, is too wide to be fully discussed here.

Glycose.—The composition is useless.

A HARD CASE.

To the Editor of THE LANCET.

SIR,—May I trouble you to publish this letter, with your opinion as to the subject contained in it?

A few weeks ago a gentleman who holds an hospital appointment in London, but lives in a village adjacent to this infirmary, brought to us a boy with fractured neck of left humerus. The surgeon of the week diagnosed the injury, and directed me to apply splints, which, according to our usual course, I deferred till the bulk of the surgeon's out-patients were prescribed for. A few of them were waiting to be privately examined, and this caused me to hurry in putting splints on the boy's arm, unfortunately the wrong one. The mistake, however, was not perceived by the surgeon of the week or by the other medical gentleman, who afterwards took the boy home with him. The boy made no sign or uttered a word. His mother had previously said that both arms were hurt, and it fell to her to discover the error, which she did the next morning, and immediately took her boy to her medical friend, who rectified the error. No harm resulted. But at the next meeting of the Board the subject was brought forward, when, although I pleaded the unusually busy day, the absence of any inflammation or bruise, the boy's silence, and the absence of any correction from the two other members of the profession who were looking on, the absence of any ill-results, and, further, the pleading and excuses in my favour made by the senior and junior surgeons (the other surgeon, who had had the case, having his attention occupied in throwing off from himself any possible participation in the mistake), the Board required me to resign my appointment at the usual three months' notice. Is this fair treatment, when I know that hitherto I had given unqualified satisfaction to all parties?—Yours obediently,

February, 1870. HOUSE-SURGEON.

*** We think our correspondent has received hard measure, and can scarcely imagine that for a single fault, for which there seems to have been considerable excuse, a Board of Governors would insist upon the retirement of an officer if he has otherwise given satisfaction. We should be glad to know who brought the question before the Board, and what is going to be done to the *surgeon of the week*!—ED. L.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Maclean, Netley; Sir J. Y. Simpson, Edinburgh; Dr. Russell Reynolds; Mr. Teevan; Dr. B. W. Richardson; Mr. Spencer Watson; Dr. Thorowgood; Dr. Rogers; Mr. Callender; Mr. Curgenven; Dr. Chalmers Miles, Mhow, Bombay; Mr. Walker; Mr. Stanley; Mr. W. J. Marsh, Littlemore; Mr. Chambers; Dr. Williams; Dr. Franklin Gould; Mr. T. Marshall; Mr. Evans, Cardiff; Mr. Roe; Mr. Ludlow, Bristol; Dr. Molineux, Hull; Mr. James, Taplow; Dr. Foster, Leeds; Mr. Holmes; Mr. Bonn; Mr. P. Squire; Mr. Peirce, Brynmawr; Mr. Hammond; Mr. Weston; Dr. Felce; Mr. Farrow, Ware; Mr. Bower; Mr. Lawrie; Mr. Hay; Mr. Pritchett, Rastrick; Dr. Foster, Hitchin; Mr. Pye; Mr. Davies; Dr. Barber; Mr. Reid; Mr. J. Benson; Dr. Bennett, Lymm; Mr. Hayman; Mr. Chadwick; Mr. Innes, Sandwich; Mr. M'Kella, Burntisland; Mr. Matthews, St. Heliers; Dr. Southworth, Washington, D.C.; Mr. Flower, Guildford; Mr. J. Galbraith, Ararat; Mr. Raven; Dr. Heffermann; Mr. Hewett; Dr. Donkin, Sunderland; Dr. K. Vines, Reading; Mr. Stubbs, Stratford-on-Avon; Dr. MacConnell; Mr. Thomas; Mr. C. J. Wright, Leeds; Mr. Coventry; Dr. T. P. Atkinson; Dr. Fisher, Sing Sing, N.Y.; Mr. Lloyd, Walton; Mr. Hyde, Kingstown; Mr. Davys; Mr. Cator; Dr. Roberts, Manchester; Mr. T. Horne, Scarborough; Dr. Dale, Plymouth; Mr. Browne, Dublin; Mr. Elt, Swindon; Mr. Meriton, Rotherham; Dr. Williams, Liverpool; Dr. White, Snodland; Mr. Trench; Mr. Nelson, Montreal; Mr. E. F. Smith; Mr. Robertson; Rev. J. W. Carter, Bow; Mr. Watton, Burslem; Mr. Sheldon, Liverpool; Mr. H. Eachwege; Mr. Scofield; Mr. Thursten; Dr. Allen, Bankipore; Dr. Gervis; Mr. Haines; Mr. Heap, Rochdale; Mr. Teale, Scarborough; Mr. Price; Mr. Grant, Torquay; Dr. Griffith; Mr. Trenerry; Mr. Boden; Dr. Fryer; Mr. Howard, Devonport; Mr. Williams, Bristol; Mr. Cavafy; Mr. Draper, Dublin; Dr. Hardwicke, Rotherham; Dr. O'Connor; A. R. C.; A University Graduate; Medico-Lunaticus; Junior; M.D.; F. R. G.; S.; The Military Secretary, India Office; Registrar; Medicus; X. X.; R. C.; W. J. B.; Omega; L.R.C.P. Lond.; F. R. G.; &c. &c.

Journal de Medecine, Croydon Times, Northern Star, Irish Times, Brighton Observer, Redditch Indicator, Brighton Daily News, Melbourne Age, Brighton Times, Glasgow Herald, Gateshead Observer, Liverpool Albion, American Grocer, New York Medical Gazette, Brighton Guardian, Rock, Eastbourne Gazette, Brighton Gazette, Whitehaven News, Scarborough Gazette, Glasgow Herald, Lincolnshire Chronicle, and *Ararat Advertiser* have been received.